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Medical
Exam.
East. Ind. Hosp.
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Original Communications.

ARTICLE I.

Diphtheria.

BY A. G. BROWNING, M.D, MT. CARMEL, KY.

DIPHTHERIA again prevails in this and adjoining counties, and I take the liberty of a hasty allusion to the disease as it has presented itself to me during the present season, simply in further verification of some facts connected therewith, not as generally accepted as observation and sound reasoning appear to warrant.

I have observed and treated Diphtheria in this locality about four years; others, longer resident, have been familiar with it since about 1858. The disease, then and now, differs in no essential particular, other than its greater prevalence, being more general and wide-spread during the present season. From its first appearance, it has been observed to return at regular periods, usually commencing in September, or October, prevailing more or less extensively during the Fall months, a few cases occurring in mid-winter, an increase in the early Spring, with a total disappearance in the Summer months. At first, it was sporadic; cases occurring here and there, widely apart and at long intervals. Again, in some districts, during the same season, it assumed all the virulence, and obstinacy of an epidemic, invading every household, and, in defiance of the best directed efforts, desolating many a hearth-stone. But, after the lapse of a few years and a few predatory incursions, the disease has apparently domiciled itself, and we now expect its autumnal appearance to a greater or less extent, with the certainty that a "Hoosier" or "Sucker" look forward to their annual "shake."

What connection it has with other of our endemics, has not been accurately determined; yet the simple fact of its taking to itself a local habitation, that it has become domesticated among us, leads to the supposition of a nidus or pabulum, whence it is generated and sustained, and it becomes an interesting question whether the disease is *sui generis* or only a new manifestation of causes long operating in our midst, under different names, forms and guises. It is not, however, my purpose to indulge in speculations in regard to causes and effects, but simply to state facts as I have observed them.

My attention has been more particularly called to Diphtheria in its connection with autumnal fevers, and kindred malarial or miasmatic affections.

The endemial diseases of this immediate locality are, typhoid remittent and intermittent fevers, pneumonia, dysentery, erysipelas, etc. I have not named them in the order of their frequency, typhoid and remittent fevers, and pneumonia, and dysentery, being more common than intermittents or erysipelas: their appearance and prevalence being, of course, governed by the season and circumstances favorable to their production. Now ours is not a malarial country, in the sense in which we speak of the South and West as such. We have no extended marshes, bogs nor swamps; no reeking rice-fields nor mouldering deltas; but it is to the existence of this peculiar agent that we owe our intermittents, remittents and typhoid fevers, (or, more properly, typhoid conditions of remittent fevers,) of the present day, as certainly here as elsewhere. Vegetable or organic matter, from certain well-known natural sources, is found in this and all other localities, in greater or less quantities, which, subjected to the action, in the necessary proportions, of heat, moisture and other special influences, ordinary decomposition occurs and malaria is the result, whether this takes place on a mountain top or in a muck patch, and a malarial fever is none the less so, for being the offspring of either.

The peculiar impress of this mysterious agent is recognized as well, either as a cause or a controlling element, in a vast majority of our cases of dysentery and erysipelas. This is so eminently true of dysentery, as very often to resolve the ordinary phenomena of that disease into mere complications, the accompanying form of fever assuming the prominence of the real affection, and demanding its own peculiar treatment.

This influence, always operative here as I believe, and imposing its peculiar living upon our endemics, as stated, has been more than usually active during the present season. Remittents, intermittents and dysentery, have been far more prevalent than for ten years past, with the usual return of Diphtheria in a ratio proportionate to the increase in the preceding affections. This class of diseases appeared at or about the same time with Diphtheria. They interchange and complicate each other in every conceivable manner, and support at least a relative claim to a common origin by demanding a treatment essentially the same in principle. As an instance of the foregoing: one of my patients was attacked with dysentery, the attending fever was clearly intermittent, and before there was a decided improvement in either respect, there was a bountiful deposit of false membrane on the fauces. Again: a patient had well-marked chill and fever, every day for a week or more; false membrane made its appearance in the throat, and the catalogue was completed by the occurrence of well-developed dysentery. These cases recovered on a course of treatment, tonic and anti-periodic in principle, with quinine as a base. But in what order, and after what fashion? Which was primary, and which secondary? Were they all the offspring of a common parent, or were they distinct and independent, each of the other, and their association one of chance? If so, what was the rationale of the treatment?

I would not be understood as placing malaria or marsh miasma and Diphtheria, in the relation of cause and effect. I only assert that I have seen them most intimately associated, especially during the present season; too intimately and often to be attributable to chance or a simple coincidence. I have, of course, my own solution of this. Be the intimate nature or pathology of Diphtheria what it may, there are habits and constitutions especially obnoxious to the disease, and they are principally from among those which go to make up the long list of cachexies, scrofulous, tubercular, etc. On the part of such persons there appears an inherent predisposition to the disease, which, if not constituting a true diphtheritic diathesis, at least renders them peculiarly liable to an attack of the disease from almost any cause capable of considerably disturbing the vital functions.

I need not labor to demonstrate the disturbing agency of marsh miasma. In its capabilities for harm, it "outvenoms all the worms of Nile," leaving as it does its sign manual upon the mind and body of its luckless victim in characters not to be effaced. Neither to inquire how it operates in producing disease—whether it enters the circulation by absorption through the lungs, skin or stomach; nor yet why it is the exciting cause of diarrhœa and cholera in one case, colic and dysentery in another, and visceral enlargements and neuralgia in a third. Such an inquiry is not within the scope of this article, and besides the facts are patent, and acknowledged by all. •And if so potent as an excitant of other diseases, where the predisposition to the same exists, I can see no good reason why it shall not be alike operative in the development of Diphtheria. That it has so operated, there is no question in my mind, the evidences of which, aside from the rather conclusive fact of the repeated complication of Diphtheria with other diseases of known malarial origin, being too numerous to admit of doubt.

Assuming these deductions to be legitimate and correct, their important bearing upon the treatment of Diphtheria is manifest. In every instance, my treatment has been based upon the general principles here indicated; that is, that the disease is constitutional; that there is a marked predisposition to it on the part of scrofulous or cachectic habits, and that this predisposition requires for its full development some exciting or disturbing cause, of which, during this season especially, and in this locality, marsh miasma or malaria has been the chief. The indication with me has always been, "to keep my patient alive till he has time to get well;" or, to be a little more specific, to support my patient, eliminate *materies morbi*, and restore lost or impaired function.

In furtherance of these objects, as a general practice, in uncomplicated cases, I begin my treatment with—℞ Chlor. Potass., ʒi., ℥ii., or ℞ Chlor. Potass., Sacch. Alb. aa ʒi., ℥ii. Divide into six equal parts, and give one every three or four hours. Volatile liniment to throat, and a full, generous diet. As a rule, the initial fever—"the excitement without power"—begins to decline in from twenty-four to forty-eight hours, when the characteristic depression becomes manifest, in the soft, frequent and compressible pulse, rather moist and doughy surface, cool extremities, general languor, etc. According as this is more or less marked, I use quinia alone, or the following: ℞ Tinct. fer. mur. ʒss. ʒi.; quinia sulph. gr. x. xx.; syr. Simp. ℥ij. M. One teaspoonful in substance or dilute with water every two, three or four hours, alternating with chlor. potass. as above. Whisky, when indicated, and an abundance of fresh air at all times. This course to be persisted in from day to day, and modified as circumstances may require.

In view both of the character of its subjects and the ultimate and very speedy tendencies of the disease, I have never yet found a place for an antiphlogistic, properly so called. Mercury in all its forms I avoid, unless the necessity for its use is very marked; and even then I employ it with ill-disguised fears for the result. Purgatives are hurtful to the extent of their irritation and depletion, and my patients do better without them.

This is an outline of my general or constitutional treatment, and it is upon this I depend for a cure, or a *recovery*. The local treatment comprises detergent washes or gargles, as the following: ℞ Liq. chlor. sodæ, ʒij.; aqua pur., ℥ij. Use *ad libitum*. Or, if the amount of membrane is abundant, and it is dense and firm, the fauces being generally covered and the channel obstructed, the *parts not yet* assuming a dark, soft or spongy appearance. I use locally the perchloride of iron, (full strength) one or two applications of which, in the twenty-four hours usually being sufficient to clear the passages. Its further application is rarely necessary. If there is any re-appearance of the false membrane, it is generally illy elaborated, soft and easily detached, and not of a character demanding a strong astringent or cauterant. Liq. chlor. sodæ, full strength or diluted with two or three parts of water, is the best application. It removes the semi-membraneous deposit and destroys the fetor, usually very great in this condition of things. If the "sloughing or gangrenous" process is established, I seek my indications for treatment in the pulse, (as indeed I always do,) the extremely frequent, feeble and irregular character of which usually calls for a more vigorous and energetic administration of the remedies already mentioned.

I can not forbear, in this connection, expressing my unqualified condemnation of a routine treatment which has obtained with many in this stage of the disease. I allude to the indiscriminate use of the most powerful caustics, without regard either to structure, function or condition. This was "conceived in sin and born in iniquity," and is no less false in theory than cruel in practice, subjecting as it does the already worn-out sufferer to an ordeal as painful as it is useless, whether the parts are or are not really "gangrenous." Grant that they are. Why? Simply because the great red current itself is poisoned at the fount, and the plague-spot in the throat is only a local evidence of disease in the veins, in the arteries and in the heart—at every feeble contraction of which incipient death is pumped, not only into the throat, but through every permeable square inch of the human body. To use a homely and familiar simile, "as well might you think of damming the Mississippi at New Orleans," as to hope to stay the tide of death under such circumstances, by *burning a gangrenous throat.* Either the whole theory of the constitutional nature of Diphtheria is a fallacy, or this practice of cauterizing "gangrenous throats" is without apology. In mercy to struggling, dying children, let us have no more of it.

And, except to a limited extent, I must also express my want of faith in all local remedies in Diphtheria. When I look into a throat, I expect to see there, as West says, "an ailment which derives all its importance from being a local manifestation of a serious constitutional disease;" and, to be consistent, I must regard all local measures as only in a limited degree curative. I confine their use to the removal of obstructions, correction of odors, and to the affections *strictly local.* On the other hand, I have the utmost confidence in a well-directed and well-chosen constitutional treatment; a confidence that robs Diphtheria of one-half its terrors.

As to the treatment proper when the disease invades the larynx, I have made no special reference here. My object has always been to "obviate the tendency to death," and that tendency having been, in nearly all my cases, "death beginning at the heart," from defective circulation and innervation, I have had no occasion for other expedients than those already alluded to. In such laryngeal cases, however, I have, when they have occurred, treated them upon the same general principles.

Upon these principles, I (and my brother, Dr. Wm. G. Browning,) have treated thirty-seven cases of Diphtheria this season, without the loss of one.

ARTICLE VI

The Pulse: Its Conditions in Health and Disease.

BY A. P. DUTCHER, M.D.,
Prof. of the Principles and Practice of Medicine, in the Cleveland Charity Hospital,
Medical College.

To understand properly the significance of the variations of the condition of the pulse in disease, we must have a correct knowledge of its state and variations in health.

The heart, arteries, veins, and capillaries constitute the chief organs of the circulating apperatus. The great moving power is the heart. By the contraction of its ventricles it impels a column of blood into the arteries, which, if they were not elastic, would simultaneously impel an equal quantity into the veins and capillaries. But as they yield to the impulse, the force of the shock is diminished, and its transmission is not perfectly instantaneous, there being a small portion of a second between the expansion of the aorta and the pulse felt in the limbs. The force of this impulse is felt in the diffused throbbing in parts which have a dilated or inflammatory circulation. We have a marked example of the first in aneurisms, where the throbbing of the tumor is readily distinguished from the ordinary pulsations of the heart; this is more particularly the case in *saculated aneurism.*

The strength, frequency, and force of the pulse depend upon a great variety of circumstances. Thus we find in the first places, that its strength depends very much upon the natural constitution of the heart and arteries. When the heart is large and firm, other things being equal, the pulse will be sharp and strong; when the contrary exists, it will be dull and feeble. If the arteries have thin or yielding coats, and are at the same time large in diameter, the pulse will generally be large and soft; if their caliber be small, the pulse will be small and weak; if their walls, on the other hand, be deficient in elasticity, and very firm, the pulse will then be hard and strong, as well in health as in disease.

The frequency of the pulse is influenced by temperament, age, sex, temperaments, and the passions. It is also greatly affected by the various kinds of aliment, by ardent spirits, by opium, and other sedatives, by exercises, sleep, watching, and the periods of the day.

Gravitation produces a decided influence on the pulse: thus if a limb be raised in a verticle position, the beat of the artery becomes considerably feebler.

The influence of exercise in raising the pulse exceeds that of all other stimuli, and even that of the most inflammatory diseases.

A full meal will augment the frequency of the pulse by from ten to twenty beats in the minute, according to the excitablility of the individual.

During sleep the pulse is diminished in frequency several beats per minute, owing chiefly to the comparative cessation of all voluntary muscular action.

The effect of posture on the pulse is also very marked. Thus, it is commonly stronger and more frequent in the erect or standing posture, than in the sitting; and in this latter, again, somewhat quicker than when lying, the average difference in the first instance being about double that in the second. Thus you will find, on examination, throw aside nearly every other cause, that the average difference between the standing and sitting postures, will be ten per minute; between sitting and lying, about five; and between standing and lying, about fifteen. The difference in each instance being the direct result of the muscular effort exerted in the maintenance of the respective postures.

The temperaments, also, have a great influence on the pulse. Thus individuals of the lymphatic temperament, as a general thing, have a soft, slow pulse, while those of the sanguine and nervous have a more active and sharper pulse, while persons of the bilious have a full and strong pulse, but not very frequent. But as the temperaments are seldom found pure, being united in various combinations, so as to form what may be called the nervo-bilious, the nervo-sanguineous, etc., we will always find various gradations in the strength and frequency of the pulse, according to the predominating temperament. Hence, an individual of the lymphatic temperament may suffer from inflammation, with a pulse varying but little from that which would be a healthy standard in one of the nervous or sanguine. So again we frequently meet with individuals of the nervous nervous temperament, when ill, with a pulse far above the healthy standard, both as to strength and frequency, where no inflammation exists; the strength and frequency being the result of the prevailing constitutional peculiarity. I am acquainted with several persons of the nervous temperament, who have a pulse, even in health, that is seldom less than 90 per minute in the sitting posture.

The quantity and quality of the blood exert a powerful influence on the strength and frequency of the pulse. We have a striking example of this in cases of plethora, in which it is distinguished by its fullness, as well as its strength and frequency, unless when, from over-distention, or some other cause, the action of the heart is temporarily oppressed. Again, the loss of blood renders the pulse soft and less frequent. But when bleeding is carried to excess, it seems to excite the irritability of the heart, and consequently renders the pulse more rapid and sharp; but even then it will have a sharp, quick jerking, or bounding character, without fullness or permanence under the finger, sufficiently indicative of deficiency of blood in the arteries.

The quality of the blood has a great influence on the pulse. When it abounds in its normal constituents, it is circulated with facility. But when these become deficient, and its specific gravity is very much reduced, it is circulated with difficulty, hence the action of the heart is more labored, and the pulse is augmented in frequency. In anæmia and Lucœcythaemia, wherein the white corpuscles are increased, and the red are deficient or blighted, the pulse is generally very frequent and small, showing a great want of vital power.

We have already observed that the pulse is materially influenced by temperature. Cold causes the arteries to contract, and therefore renders the pulse small. This circumstance should never be omitted when we are estimating the condition and character of the pulse; for cold will make the pulse of an artery small and hard, when the action of the heart and the condition of the system would give it the reverse qualities. Heat, on the other hand, within certain limits, tends to diminish the tonic contraction of the arteries; so that under its influence they receive more strongly and fully the pulse from the heart.

Another circumstance which has a powerful influence upon the pulse, and one that is very frequently overlooked by the physician, is the condition of the CAPILLARY CIRCULATION. When this is free, observation teaches us that the pulse will be softer and fuller than when obstructed by congestion. This is very clearly seen in fevers, when the surface is pale and constricted in the cold stage, and dry and unrelaxed in the hot stage, the pulse often preserves through these changes of temperature a hardness and strength which would be much more varied were the capillary vessels free and exhaling their usual excretion.

Again, in inflammation we can not doubt that the circulation through the inflamed vessels is to a certain degree obstructed; whilst, either as a consequence of this, or from some co-operating influences, the vessels leading to the parts become dilated, and being thus more open than others to the pulse, wave from the heart, which their distended coats can not temper as usual, they become the seat of that throbbing pulsation, which is so characteristic of inflammatory action. But this throbbing must not be mistaken for increased action in the vessels themselves, for it is evidently the result of capillary obstruction, and when the pulse is materially affected by it, it must be from reflex action. Other variations of the pulse might be explained upon this principle, but we have not time in this lecture to consider them further in detail.

The different periods of life exert a marked influence upon the pulse, particularly its frequency. Dr Carpenter, in his excellent work on human physiology, gives the following as the average frequency of the pulse at the different periods of life:

In the fœtus, from 140 to 150 per minutes; infant, from 130 to 140 per minute; during the first year, from 115 to 130 per minute; during the second year, from 100 to 115 per minute; during the third year, from 90 to 100 per minute; during the seventh year, from 85 to 90 per minute; at puberty, from 80 to 85 per minute; in manhood, from 70 to 80 per minute; in old age, from 50 to 65 per minute.

From these estimates, however, there are wide deviations. Dr. Dunglison has counted a pulse as low as 36, and Dr. Elliotson as high as 208. Dr. Copland mentions a pulse as low as 29 in a man 87 years of age, in good health. Indeed we have the record of cases where the pulse has been entirely absent, and the individuals appeared to enjoy the best of health. Several cases of this kind have occurred in which *post mortem* did not reveal the cause. In other cases the arteries have been found obstructed by clots, inflammation, degeneration, or the movements of the heart impeded by disease.

But in the absence of the pulse in health we must not infer that there is no circulation of blood in the parts, for when this takes place, as we shall presently see, they mortify. This pulseless condition may be accounted for in the following ways: First, it may be produced by a diminished and slow action of the heart with increased action and development of the capillaries, which would greatly diminish the force of the impulse of the blood, and render even the movements of the heart imperceptible. In the second place, it may be produced by obstructions in the large arteries, hindering the blood from passing in a free current, and causing a distension between the points of obstruction and the heart; the increased pressure of the blood in this distended portion would retard the movements of the heart, and would give a more uniform flow of the blood in the arteries. And lastly, it may occur from softening of the heart, or from defective inervation.

Some times the pulse becomes intangible in one or all of the extremities. This may be owing to feeble action of the heart, or to obstruction of the arteries. Several years ago, a girl was admitted into the La Charite Hospital, Paris, with a pain in her right leg; there was no pulsation in the anterior or posterior tibial and poplitial arteries of the limb. Dry gangrene and death were produced, and it was ascertained that the crural artery was filled with a coagulum, converting it into a firm cord. Dr. Thompson, in his Lectures on Pulmonary Consumption, has reported a case of gangrene of the hand, from a coagulum in the subclavian artery, which I regard as worthy of special study, as furnishing many points of interest in the way of medical diagnosis. And although not directly connected with the subject of our present lecture, I hope you will not consider it out of place if I here present a brief outline of it.

The patient was a woman, who was admitted into the Brompton Hospital, suffering with pulmonary tuberculosis. About a month before her death she complained of numbness, followed by pain of the left hand, fingers, and arms; a few days after the commencement of these symptoms, the parts just named were observed to be slightly livid; this lividity extended to within an inch of the wrist in front, and an inch and a half on the dorsal surface of the hand. The cuticle was raised into a vesicle on the dorsal surface of the first phalanx of the index finger. No sensation was evinced when tried with a pin within an inch above the wrist. Temperature of the left dorsum, 76 deg.; of the right, 93½ deg. Temperature of the fore arm also diminished, and the superficial veins distended. No pulse to be felt in the radial artery of the affected arm. In spite of all medical treatment, the lividity extended from the hand to the fore arm. The temperature of the parts gradually became still further reduced, attended with more marked symptoms of gangrene of the hand. And she succumbed to her malady in about four weeks from the commencement of the trouble in the hand.

"It was pretty evident," says Dr. Thompson, 'that some cause had interfered with the circulation of the left subclavian artery. The *post-mortem* examination disclosed the nature of the obstruction. The arch of the aorta, and the arterial branches, as far as the palmar-arch, were removed by Mr. Hunt for examination. A coagulum extended from about three inches along the subclavian artery, occupying nearly the whole caliber of the vessel. It adhered strongly to the aorta near the opening of the vertebral artery, which on this subject arose from the arch between the left carotid and the subclavian, but this coagulum could easily be separated from the subclavian, and was pointed at the distal extremity. The left vertebral artery was narrowed at its commencement, and was closely filled with a dark-colored coagulum. Coagula also occupied at their commencement the circumflex, ulnar, radial, and interosseous arteries, beginning an inch or two above their origin, leaving free those parts of the vessels which were most distant from any important branch."

The *post-mortem* of this case exhibits very clearly the cause of the failure of the pulse in the radial artery, and the subsesequent mortification of the hand. All the great vessels of the arm being obstructed by coagula, the blood could no longer pass through them to the capillaries, hence the parts could not be nourished, and death is the inevitable result.

The arteries being deprived of their accustomary stimuli cease pulsate.

In studying the pulse at the bedside of the sick, there are, at least, five things that should be particularly noticed, its rhythm, frequency, volume, strength and resistance.

The *rhythm* of the pulse is often perverted. Instead of the beats following each other in regular succession, they are unequal, or one or two intermit. An irregular pulse may occur from a variety of causes, such as indigestion, debility, uraemia, organic and functional disease of the heart or brain. When it occurs from the latter cause, it is a symptom of rather grave import, and should never be looked upon lightly.

The *frequency* of the pulse and some of the causes which influence it in health have already been noticed. In disease those causes are all intensified, they act, so to speak, with double power. Thus in all disorders attended with debility, exercise, mental emotions and stimuli will generally add to its frequency. In most all fevers the pulse is raised in frequency, and so also, in acute inflammation, and all diseases that rapidly exhaust the vital forces, and the more depressed the vital condition the higher the pulse becomes.

But in some diseases the pulse instead of raising in frequency above the normal standard falls much below it. This is almost always the case in severe concussions of the brain, apoplexy, and some forms of heart-disease. Several years ago, I had under my care a patient who died with softening of the heart. For some weeks before death his pulse seldom numbered more than 35 beats per minute, and then it was so feeble that it could scarcely be counted. At the post-mortem there was so little contractility of the muscular fibres of the wall of the organ, that by holding the aorta near its origin the heart would turn over the fingers like a cap.

The most important point connected with the pulse in medical diagnosis is, its volume and strength. Volume and strength are often associated in the pulse, and although they are much alike, you should ever bear in mind that they are not identical. When the beat of the artery is large we call it a *full* pulse. This is produced by the distension of the vessels with blood—its complete expansion with every beat of the heart. A full pulse is, therefore, the pulse of plethora; the pulse of inflammation, and the pulse in the early stage of all sthenic fevers. It is usually the pulse of power, just as its opposite, a small pulse, is commonly the pulse of debility. Yet a full pulse may be produced by the distension of an artery which has lost its tone, and which the finger easily compresses. This is the *gaseous pulse*, so called by some of our fantastic medical writers, and is said to be indicative of exhaustion. When coupled with jerking pulse it is highly significant of a heart clot.

But what is a *strong* pulse? A strong pulse is a natural pulse heightened in all its characters. A strong pulse, therefore, indcates activity of the contractions of the heart, and a normal. perhaps increased tonicity of the arterial coats. Also connected with this condition of the arteries of the heart, there is resistance and tension which produces what is called a hard pulse, that denotes increased contractility of the arteries, and high wrought power. This state of the pulse is commonly indicative of a much higher grade of inflammation than a strong pulse, and should be looked upon in a much more serious light.

A *soft* pulse is the opposite of a hard pulse. It is a sign of deficient circulation, a want of tonic contractility in the blood vessels, and is the pulse of low fevers and debility. But when it supervenes or rather succeeds a hard tense pulse, it is most generally a good omen, a harbinger of returning health.

Such are some of the variations of the pulse in health and disease. A familiar acquaintance with them is indispensable for the practice of our noble vocation. There are few things that will aid you more in making out the diagnosis of a patient's disorder, than an accurate knowledge of the different characters of the pulse, and their proper signification. As a means of prognosis, it could not be dispensed with. The failing pulse, the cold and clammy skin, the heaving breast, and the pinched countenance, all speak in language not to be misunderstood, that the vital powers are about to be extinguished by the hand of death, the body resolved to its original elements, and the soul return to God who gave it.

Amputations of the Thigh for Gunshot Injury.

BY H. Z. GILL, M.D., SURGEON U.S.V.

THE removing of a large limb necessarily produces a powerful shock upon the entire system, occasionally so severe as to destroy life; hence, the Surgeon resorts to amputation in such cases only as experience proves ultimately endanger life less with the operation than without it. It seems to be generally conceded that, under the ordinary circumstances of battle, amputation in cases of gunshot fracture of the femur, promises to save a greater number of patients than the conservative method of treatment, provided the operation be performed properly, and at the most favorable period.

Compound fractures from the cylindro-conical ball of ordinary size do not have, usually accompanying, so extensive an injury of the soft parts as occur from pieces of shell or cannon ball, hence the shock of injury is not so great, and the external wound may appear comparatively slight; but if the fire is at short range, even though the force may not be sufficient to drive the ball through the limb, the bone will usually be found extensively comminuted, sometimes almost pulverized, in patients above middle age.

The extent of internal injury can not be judged of by external appearances. It is only by careful and thorough examination of the parts that the condition can be ascertained and the danger realized. Cases have come under my own observation, a week after the injury and fifty miles from the place of occurrence, in which the femur was fractured and the ball lying loosely between the fractured extremities of the bone.

I should attempt to save a gunshot fracture of the thigh if it seemed to be a comparatively mild case of the class, the main vessels and nerves of the limb being intact; the patient young, vigorous, and in at least fair condition of health; so situated that no transportation would be necessary; and, in addition, in a healthful climate and favorable season of the year.

If there should be any question in the mind of the surgeon as to the propriety of removing the limb, in a case of the kind under consideration, he should at once make a thorough examination of the case. If the extent of injury seems so slight as to warrant an attempt to save the limb, all foreign substances should be removed, with all detached pieces of bone; some very sharp points of bone, destitute of periosteum, may be removed. The larger pieces which are firmly attached periosteum should not be removed, but placed in as near a natural relation with the other parts as possible, so as not to become transversely situated between the fractured ends of the shaft; and then treated with Smith's anterior splint, or some of its modifications. In case the knee-joint is involved in the fracture, the limb must come off.

The shock in many cases occurring from bullet, round or cylindro-conical, being comparatively moderate, and transient, certainly much less than that following wounds from shell or solid shot, the operation may be resorted to at as early a period after the injury, within the first twenty-four or thirty hours, as circumstances will permit. Should, however, the shock be very profound, it would in many cases be better to wait a few hours, administering in the mean time suitable stimulants. If the wound is of such a nature as to prolong, the depression, of which the surgeon must be the judge, it is better to make but little delay, but proceed to convert the lacerated wound into one of an incised character by operating I know of no rules to guide the surgeon in the decision of these latter cases, but which have an equal number of exceptions. If his judgment does not decide the course to pursue rules would be of little value.

It would seem needless to quote the authorities in favor of adopting the primary period in amputations of this class. The vast majority of army surgeons, almost without exception, adopt it without question or hesitation.

After the battle of Richmond, Ky., the wounded, with a small corps of medical officers, a number of them without instruments, were left in the hands of the enemy. I do not remember of a single case of amputation of the thigh in quite a large number operated on within thirty hours after the battle, that died; while nearly every case, amputated after the second day, died. Cases, No. 3 and 4, are among them.

The place of operation is most frequently decided by the injury. When there is a choice left, adopting the principle, that "the farther from the trunk, the less the danger," one should leave as much of the limb as practicable. However, it is doubtful whether amputations through the knee-joint are as favorable to recovery as amputations in the lower third of the thigh, and in army practice the latter operation is generally adapted. My observation has been unfavorable to the joint operation. Greater length of limb can sometimes be saved by making most of the covering from one side, or from the anterior or posterior portion.

About sixty-six per cent. of amputations of the lower third of the thigh, as given by the books, recover. Of the seven cases in the lower third, given in the "appended list," all the secondary cases, to wit, three, died; and all the primary cases, to wit, four, recovered. Hence, the results seemed to depend on some circumstance aside from the place, namely, the period. Taking the "tabulated cases" of nineteen, seven of which were reported in the *Ohio Medical and Surgical Journal* in 1863, six recovered, and four died. Recoveries from the operation in this portion of the extremity leave, other circumstances being favorable, a very good stump for the adjustment of an artificial limb.

The operation in the middle of the thigh gives success, according to the books, in less than one half of the cases, in other words, a mortality of about sixty per cent. In the "appended list," two (primary) cases recovered; and one, (secondary) died; the "table" gives the same.

Amputations in the upper third have, as might have been supposed, a high per cent. of mortality, approaching so near as it does to the trunk, and removing such a large portion of the person. The mortality is put down at from eighty to ninety per cent. This will vary with the circumstances of age, condition, etc., but will generally be large. If the patient survives the combined shock of the injury and the operation, which, however, may prove fatal in any portion of the thigh, it would seem they should recover in large proportion. The three primary cases, given in the table, under varied circumstances, mostly unfavorable, as will generally be the case in a time of active warfare. The secondary case was favorably situated, excepting the period of the operation, which was decidedly unfavorable.

During the last two years and a half of the war, I advocated and performed the circular operation as modified by Mr. Skey, of London The reasons for my preference are: it produces the least amount of cut surface; the arterial supply is almost perfect to the very face of the stump; the vessels and nerves are most likely to be cut transversely; the muscles are held firmly together, by their sheaths, throughout the entire cut surface; in case of union by the *second intention*, which will most generally be the process under the ordinary circumstances, the patient will not be as liable to exhaustive suppuration from an extensive surface as in some of the other methods; there being a less cut surface, there is less work for nature to perform; hence, the work of repair will be more rapidly and more perfectly performed, and as a consequence, diminished danger from pyæmia (or septæmia) resulting from the inflammation of the bone and veins.

Some of these considerations are of first importance, involving the life of the patient, and should receive our careful attention. When the cases are from one-third to nine-tenths fatal, it is plainly a matter of primary importance to diminish the dangers, and to increase the advantages, especially in any individual case which may seem doubtful or threatening.

The incision through the integument should be made to form a semicircle anteriorly, and the same posteriorly, or on the opposite sides if preferred; and the edge of the knife, in making these incisions, should be held perpendicularly to the surface. The cut should be made through integument and fascia, down to the muscles; for the fascia is, in great measure, the medium through which the blood vessels pass to supply the integument and subcutaneous tissue, as the periosteum is the medium of supply to the bone. I have never seen a case of sloughing of the flaps in this operation, in which the fascia was left united to the integument. Having given shape to the integumentary flaps as described, they are to be strongly retracted by the assistant, and the septa, thrown in between the muscles, are to be touched with the knife until a sufficient amount of covering had been obtained to envelop the end of the stump, which will require from two to four inches according to the size of the limb. The flaps being well retracted, the knife is placed close to them, and with one or two sweeps, the remaining soft structures are divided down to the bone. The knife should be held with the edge inclined upward in relation to the limb, that is, toward the proximal portion, in order that the parts next the bone may be divided at a higher point than at the circumference of the muscles, forming somewhat a hollow cone with the bone as apex.

The bone should be divided, Mr. Guthrie says, from two to three inches higher up than the muscles. This is a matter of *great importance*. In order to accomplish the object, the muscles should be separated perfectly from the bone to the required extent; and a strong retracter made use of to keep the soft parts out of the way while the bone is being divided. The nicking of the periosteum I regard as entirely unnecessary. The saw should be run perpendicularly to prevent splintering of the bone by the weight of the limb when the section is nearly completed.

The main artery especially, should be well cleared of the surrounding structures, drawn out, and tied securely at as high a point as practicable, to avoid any danger to it that might arise from extensive suppuration or sloughing. If there should be any points of bone left at close of the sawing, they should be removed. Farther than this, nothing is needed such as the trimming down of the bone. All interference with the attachment of the periosteum to the bone is injurious, and should not be attempted.

The wound should be left open some time, at least till all the vessels which may require the ligature are secured, and all hæmorrhage ceased. No time need be lost in waiting. Other cases can be operated on before the first is dressed.

What we do should be done well, however many cases there may be awaiting our attention, in case a battle is going on. Dressing such a wound is a very important matter in the present and after treatment of the case. If the circumstances are not such as to favor union by the "first intention," we must provide for union by the "second intention," or by granulation; therefore we should not put in too many interrupted sutures. There should be left in the middle, or at one side, a space for free and complete drainage. I think it good practice to put a piece of greased bandage between the flaps from the surface nearly to the end of the bone to prevent adhesion of the lips of the flaps, while there may yet be blood or secretions about the end of the bone. Many cases are injured by the wound being dressed too tightly, thus retaining the secretions until the end of the bone is inflamed or killed, and the part and system greatly injured. This I have seen repeatedly, especially where the cases were transported early after the operation. It would be better, so far as the final result is concerned, not to dress the stump at all than to pen up the secretions in this manner. After the stitches, a few adhesive strips may be applied to the sides, leaving the middle free as before indicated; then a few turns of a broad bandage to keep the muscles quiet, and adjusting a sponge to absorb the escaping secretions, will be all the dressing needed. I would make no application, warm or cold, medicated or simple, unless circumstances should arise demanding it, which will ordinarily not be the case.

Supporting treatment should be the rule. If the patient is greatly depressed by the injury and the operation, stimulants should be administered as the case seems to demand; and an early use of the more easily digestible and nutritious articles of diet be adopted. As soon as the inflammatory fever has subsided, and the suppurating stage supervened, a full diet should be given.

Perfect cleanliness of the part and of the whole person should be observed in every particular, removing and washing the sponge frequently, and occasionally washing and rubbing the patient thoroughly.

LIST OF CASES OF AMPUTATION OF THIGH.

No.	Name.	Rank.	Co.	Regiment	Age	Injury & reg'n of body	Missile.	Date of Injury.	Operation and period after injury.	Anes-thetic.	Results
1	H. F. Ransom	Private	D	34th O. V.		Gunshot wn'd fracture.	Bullet,	May 16, 1863,	Amputation lower 3d, flap, eleven days after	Chlorf.	Died May 30, 1863.
2	Chas. Seeman	Private	F	37th O. V.		Gun shot wn'd fracture.	Bullet,	May 16, 1863,	Amputation middle 3d, fifteen days after.	Chlorf.	Died June 1, 1863.
3	Thomas Davis	Private	F	95th O. V.		G. s. w. frct. lft femur,	Bullet,	August 30, 1862,	Amputation lower 3d circular, seven days.	Chlorf.	Died Sept. 19, 1862.
4	L. K. Williams	Private	H	95th O. V.		Gunshot wound,	Bullet,	August 30, 1862,	Amputation lower 3d, flap, eight days.	Chlorf.	Died Sept. 16, 1862.
5	Wm. Snoddy	Private	D	48th Pa.	49	G. s. w. frct. right knee,	Bullet,	Dec. 9, 1864,	Amputation lower 3d, Skey's op., 20 hours.	Chlorf.	Recovered.
6	Isaac Sweezy	Sergeant	I	150th N.Y	19	G. s. w. frct. left femur,	Bullet,	Dec. 14, 1864,	Amputation lower 3d, Skey's op., 18 hours.	Chlorf.	Recovered.
7	S.T. Wilkinson	Private	D	150th N.Y.	40	G. s. w. frct. rt femur,	Bullet,	Mch. 16, 1865,	Amputation middle 3d, Skey's op., two hours.	Chlorf.	Recovered.
8	N. C. Williams	Private	D	31 Wis.	23	G. s. w. frct. rt. knee,	Bullet,	Mch. 16, 1865,	Amputation lower 3d, Skey's op., 3 hours	Chlorf.	Recovered.
9	J. C. Stephens	Private	A	13th N. J.	29	G. s. w. frct. lft femur,	Bullet,	Mch. 16, 1865,	Amputation middle 3d, Skey's op., six hours.	Chlorf.	Recovered.
10	Joseph Powell	Private	K	143d N.Y.	19	G. s. w. frct. left knee,	Bullet,	Mch. 19, 1865,	Ampt. lower 3d, flap op. of Mr. Luke, 6 hours.	Chlorf.	Recovered.
11	J. D. Farrisen	Major	3rd	Ala., C.		G. s. w. frct. lft femur	Bullet,	Mch. 10, 1865,	Ampt. upper 3d, Skey's op. 3-1/2 days.	Chlorf.	Recovered.
12	James Alling	Private	D	2d Wis.	17	G. s. w. frct. lft femur,	Bullet,	Mch. 16, 1865,	Ampt. at hip joint, five hours.	Chlorf.	Died.

TABULAR LIST.

Region of Thigh	Period.				Total.	
	Primary		Secondary			
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Lower 3d......	7	1†	3	3	10	4
Middle 3d......	3		1	1	4	1
Upper 3d......	3		1		4	
Hip joint......	1	1			1	1
Total..........	14	2	5	4	19	6

† This case was sick with malaria fever at the time of injury. Died thirty four days after operation.

Perfect ventilation must be had. It would seem that four-fifths, or nine-tenths of the cases of primary amputation of the thigh, provided the patients are not scorbutic, or greatly debilitated, should recover it they survive fairly the first shock. After the battles of Aversboro and Bentonville on the 16th and 19th of March, 1865, we had quite a large number of amputations, not a case of which died after the first twenty-four hours.

The cases were treated as above indicated, with *especial attention* to the free escape and removal of the secretions, and, though the wounded were transported about fifty miles after the battles, over an exceedingly bad road, they all did well (I speak of the cases of operation) except one, from the time they were put into the ambulances. The one case was an amputation of the leg, in which I believe the dressing being too tight caused a slough over the spine of the tibia.

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DANGER OF SUBCUTANEOUS INJECTIONS.—Prof. Nassbaum, of Munich, has just published an interesting account of an accident which happened to himself. Suffering from neuralgia, he had injected morphia under his own skin more than 2000 times—sometimes to the extent of five grains of morphia in twenty-four hours. Two months ago he injected two grains of acetate of morphia dissolved in fifteen minims of water, and accidentally sent it direct into a subcutaneous vein instead of into the cellular tissue. He gives a graphic account of his dangerous position for two hours, after which the effect passed off. He has seen similar effects in a small degree in two of his patients, and the practical lessons are, that as it may be impossible to avoid veins at all times, and one may be punctured unawares, subcutaneous injection should always be done *very slowly*. The effects are so instantaneous that the syringe can be stopped at the first sign of danger, and some of the injected fluid, mixed with blood, may even be sucked out again by the syringe. It is very remarkable how the effects of the same dose of the same substance differ when injected directly into a vein and mixed with venous blood, and when they filter into the blood from the cellular tissue through the unbroken coats of the vessels.—*Medical Times and Gazette.*

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W. H. MCREYNOLDS, M.D., Secretary.

[Discussion on Cholera Continued.]

Dr. Richardson.—I wish to say one word as to altitude being a protection against this disease. I do not believe any tenable theory has been advanced upon the subject. In August of the year 1850, it raged in Pittsburg with great violence, and the first locality that suffered was upon Grant's Hill, the highest part of the city. It also made a very early visit to the brow of Coal Hill, a very high hill on the west side of the Monongehala river. From twenty five to thirty deaths occurred there in a very small population, while in the village of Birmingham, in the bottom, and hardly a stone's throw distant, there was not a single death. As to the cause being found in water, this has been quite a favorite theory. The disease has been studied in limestone regions, and observers have not decided whether to attribute it to emanations peculiar to such regions or to the use of the water itself, The first case I saw in this city in 1849 was in a tenement house in Cerusun's Yard, corner of Everett and Linn Streets. where all the occupants used well water, strongly impregnated with lime. Quite a number of cases occurred there in 1849; but in 1850 the first case was in Sandow's tenement, a thickly crowded building on the opposite side of the street. These people used cistern water exclusively. Six deaths occurred among them while Cerusan's Yard escaped entirely. As far as single instances go to establish anything, these cases demonstrate clearly that the character of the water had nothing to do with the origin of the disease. We know little about the nature or cause of it. In 1846, while practicing in Summit County, I may say, too, that this county is a rolling country and frightfully healthy, a Mr. Roberts, who had a congestive diarrhœa, as was supposed, had been treated with domestic remedies until the hopes of his friends failed, when I was sent for. I found the case a very intractable one, and, although the best available counsel of medical gentlemen was obtained, the patient died in forty-eight hours. Soon another man, 45 years of age, was taken in the same way, and died. Then a Mr. Clark, two and a half miles south of the village, afterwards another man, two miles north-west of the village. These cases occurred very near together in point of time, and death took place in every one in from forty-eight to sixty hours. Not one of us thought of Cholera, but assigned the trouble to the warm weather, over exertion in the harvest field, or some such cause.

I came to this city in 1847, and in 1849 saw a great deal of Cholera. From my observations at that time I was thoroughly convinced that the four cases seen in Summit County were perfectly well marked examples of the disease. In 1847 one Rufus Jones, on Columbia Street, had cholera. At that time it was raging as an epidemic in Russia, and was approaching our country.

I think the treatment of Cholera is entirely empirical, but I have great faith in a large fly blister over the whole abdomen I think I was the first to adopt this treatment, having commenced it in 1850 and used it satisfactorily for two years. Of course internal treatment was not neglected at the same time. I preferred small doses of calomel, frequently repeated. Formerly I had given heroic doses of calomel. Once, indeed, I gave one ounce to a woman, and she was not salivated, neither did she die, but the bulk of the calomel passed by stool, and was found as a sediment in the vessel. If a fly blister is smeared over with warm turpentine and applied, vessication can be gotten up in from one and a half to two hours, and I never knew but one case to die where vessication was produced before collapse. That death was the result of uræmia. The patient was relieved of the diarrhœa and vomiting, but passed no urine for three days. The catheter was used, but no urine was found, none had been secreted. I do not believe that mere vessication effects a cure, for when the blister was found to be so beneficial, a shorter road was tried to attain the result. Aqua ammonia and chloroform were used to blister the surface. This did no good. My theory, and every man may have his theory, is, that the cantharides is absorbed and acts as a persistent stimulant. The stomachs of these patients would not retain brandy. If they had not vomited before, a dose of brandy would almost invariably cause them to do so.

Dr. Muscroft.—I wish briefly to state my plan of treatment in 1849. In the first cases I was led to use opium, calomel and camphor internally, and mustard to the abdomen, and often between the shoulders as a counter irritant. I gave also during the vomiting small pieces of ice to be melted in the mouth and then spat out. Under this treatment many recovered from the vomiting and diarrhœa, but afterward died from congestion of the brain. Subsequently, I ceased to use opium except in very small doses, to act merely as a stimulant without any anodyne effect. If mustard to the abdomen did not allay vomiting, I found a large fly blister very good. In many cases the diarrhœa was easily controlled. In others it was unmanageable, and death took place in a few hours. I found the progress of the disease to be in two ways. Nearly all had some premonitory diarrhœa, but as some approached collapse, the surface of the body became moist. Of these I do not remember more than one to have recovered. In other cases where there was vomiting and rice water discharges, the surface of the body would be dry. In all other respects collapse was perfectly developed. These were more favorable cases. I found also that when counter irritants were used moist, the moisture favored collapse, and on this account had the abdomen rubbed with dry mustard under the bed-clothes. After abandoning the use of opium on account of the subsequent tendency to congestion of the brain, I prescribed from thirty to sixty grains of calomel for the first dose. Much of this would be rejected by vomiting, and then I would follow it with small doses, say two or three grains combined with camphor, and placed dry on the tongue every fifteen minutes. Carbonate of soda was also useful in allaying the tormenting thirst.

With this treatment I think I had as much success as most other practitioners. I had opportunity also to see the result of the opium practice in the hands of others. It will arrest the diarrhœa, but is very apt to give rise to congestion of the brain. I should have stated that I used with satisfaction injections of acetate of lead and laudanum in starch water. Opium by injection is not so mischievous as when taken in the stomach.

Dr. John Davis.—I think, in this discussion it is best to pursue the course indicated by the essay of Dr. White. With much of that paper I am happy to say that I concur. A very striking illustration of the position taken in regard to the preference of Cholera for crowded localities occurred in Sunderland. The epidemic made its appearance in this place on the 26th of October, 1831. The city contained a population of 40,000, and was divided into three parishes, Monkwearmouth, Bishopwearmouth and Sunderland proper. In this latter parish lived the poorer people, to the number of 17,000, in crowded buildings, upon narrow, filthy streets. In Bishopwearmouth, the better class lived, each family, in a spacious dwelling, and upon wide streets, to the number of 15,000. In Monkwearmouth, the middle class resided, 9000 in number, in a corresponding condition between the other two. In the whole city there were 534 cases, of which 202 proved fatal. Of this number 136 were from Sunderland proper, 25 from the parish of the middle class, and 21 from that of the better class. A very careful investigation of the 25 cases in Bishopwearmouth shows that 9 were in one particularly low and uncleanly spot. The same was true of 14 of the 21 in Monkwearmouth. Two-thirds of the 21 were attacked in one locality, and a very bad neighborhood. I cite the case of Sunderland, because the observations were very carefully made, and the result given numerically. Now look at the state of things on board the Atlanta, which recently arrived at New York. There the disease is confined to the steerage passengers. At the last meeting, I stated the same to have been the case in this city, the greatest mortality was in the most thickly populated districts. The same has been found true every where. In general terms I agree *with my friend*, Dr. Richardson as to altitude. In 1847, the higher parts of this city, the northern portions were most affected. I think the explanation of this is to be looked for in the crowded condition there—as high as thirty-six families living in a single building, and sometimes as many deaths occurring. I can not agree that quarantines are mere ropes of sand. Nor am I alone in this matter. Drs. Graves, Simpson, Watson and Copeland all declare that the non-contagiousness of Cholera is by no means a settled point. Dr. Graves takes the history of the epidemic in India, which furnishes many facts to support the opinion of its contagious character. If its cause was in the atmosphere alone, it would cross deserts and seas as easily without the aid of human travelers as with it. But it did not do so. It traveled with people to Borneo and Sumatra. It radiated northwardly in the lines of travel toward Europe, reaching Astracan and Ohrenburg in 1828. In some localities in Russia it was arrested by quarantine regulations, then it passed through Asia Minor, taking the course of the pilgrims to Mecca. If the cause was in the atmosphere alone, it would recur with seeming caprice, but in Ohrenburg and Astracan it did not return until 1828, In '29 it was there and passed north to Moscow in September, 1830, and in 1831 it reached St. Petersburg. If it is non-contagious, and conveyed by the air, it would have crossed the Baltic Sea to Sweden and Finland. But Sweden was quarantined, and it did not touch her shores. True it is, that Sweden was attacked three years later; but then the strictness of her quarantine regulations were relaxed, and vessels were not excluded, unless declared to have come from an infected port. From St. Petersburg its course was westward to Germany, and in the latter part of 1830 it was in Hamburg. Afterwards faith in quarantine probably diminishing, it reached Sunderland.

At this point in Dr. Davis' remarks, the President announced that the time for discussion had been consumed, and miscellaneous business was in order.

Indianapolis Academy of Medicine.

INDIANAPOLIS, Oct. 3d, 1865.

Organization.

According to previous resolutions of the Indianapolis Medical Association, it convened this evening for the purpose of converting itself into, and the organization of the Indianapolis Academy of Medicine, which it proceeded to do, with its President, Dr. J. M. Gaston, in the chair, and Dr. Wm. P. Parr, Secretary.

A ballot for the election of officers followed, resulting in the election of the following gentlemen:

President—THOMAS B. HARVEY, M.D.
Vice President—J. H. WOODBURN, M.D.
Recording Secretary—G. V. WOOLEN, M.D.
Corresponding Secretary—D. CLARK, M.D.
Treasurer—WM. B. FLETCHER, M.D.
Censors—J. M. GASTON, M.D., J. A. COMINGOR, M.D., D. CLARK, M.D.

Dr. Gaston, the retiring President of the Indianapolis Mediical Association, then delivered a very interesting Valedictory Address, full of spirit and good thought, and in a manner highly characteristic of the gentleman as appertains to his acknowledged wit and humor. He referred to the difficulties under which the Association was formed two years ago, and the steady progress and influence it has obtained since, until its successful termination now into an Academy of Medicine, organizing under circumstances most favorable.

With words of congratulation to the founders and members of the late Association, on its successful termination, and encouragement to those now present organizing the Academy he retired, introducing Dr. Harvey, the President elect of the Academy.

Dr. Harvey made some pertinent remarks about the favorable auspices under which the Academy was organizing, and the good that would result from it, if properly conducted, and announced, with thanks for the honor conferred upon him, that he would deliver his Inaugural Address at the next meeting of the Academy.

October 7th, 1865.

Academy was called to order by the President, Dr. Harvey, at 7½ P. M.

Present—Drs. Athon, Harvey, Woodburn, Clippenger, Cominger, Clark, Featherston, Barnes, McNab, Parr, Gaston, Fletcher and Woolen.

Dr. Harvey delivered his Inaugural Address in a very able and eloquent manner, recounting the objects and advantages of the organization just perfected, urging its founders to employ all the means possible to elevate it to an honorable position in professional excellence, recommended the appointing of special Committees to report on the different branches of medical science—adoption of Registration Law—collection of cabinet—opening of an Obituary Record, in which the biographies of the late Drs. Motherhead, Parry, Bullard Brown, Torbet, Fishback and Thompson should be recorded, also recommended a certificate and seal should be given to the members. He reviewed in a very interesting manner the great advances made in science in the last century, and remarked that Medicine and Surgery were not behind.

He said "improvement, progress and reform were the watchwords engraven on the wings of the times?" Who are working these great changes? "Is it the "isms" of those notorious for eccentricity, or the "pathecs" of pseudo reformers, too ignorant to comprehend, too indolent to study, or too dishonest to acknowledge the great truths of Science? Not so.

The investigations of Marshall Hall on the nervous system and of Brown Sequard on the central nervous system, have given us great light where there was formerly mystery in Physiology and Pathology.

The abandonment of the antiphlogistic and alterative treatment in miasmatic and other forms of fever, and substitution of the tonic and stimulant, marks a great era in Therapeutics. And in Surgery, we have learned from conservatism to rely vastly more on nature's powers, and when the knife is used to do so sparingly, as in exsecting and resecting, instead of amputating. Ambrose Parre exulted in the use of his ligature, Surgeons of to-day in anæsthetics.

Chemistry is not behind. Combined with Pharmacy it has given us medicines valuable and potent, and in a definite form instead of the former crude materials used. With it and the microscope, the Physiologist has studied healthy tissue and function, and the Pathologist diseased ones, until we have the path opened to a great accuracy in diagnosis and Therapeutics so that to-day the physician deals with facts which were formerly profound mysteries. "Therefore," he said, "let us emulate the heathen philosopher in one thing at least, find out the known and from that seek the unknown." Let us educate ourselves, and thus dig a trench deep and wide between error and truth.

He closed by saying, "Theories may fail and systems be shattered, but truth and principle, as the everlasting hills, are the foundation upon which stands in majestic proportions the entire world of knowledge, with its temples and pyramids of thought."

The subject of the paper was then very ably and interestingly discussed by Drs. Athon, Woodburn, Comingor, Clippenger, Gaston, Clark, McNab, Parr, Featherstone and Barnes.

All agreed that the organization would be productive of great good, and united in one request that all needed to be industrious.

The suggestion of appointing special Committees was well received, and a Committee was appointed on motion of Dr. Harvey, to nominate such Committees, consisting of Drs. Athon, Woodburn and Clippenger.

A general good feeling was manifested by all, and the evening was regarded as highly beneficial to all present.

Some business of the Academy was then attended to, and Dr. Athon appointed to read a paper one month hence.

Dr. Woodburn volunteered a paper at next meeting on the subject of Uterine Hæmorrhage.

Academy adjourned.

Correspondence.

Letter from Indianapolis.

INDIANAPOLIS, Oct. 27th, 1865.

Dear Lancet.—The Medical Association of this city, which for two years has gone along in a harmonious fashion, to the mutual improvement of those in connection with it in its larval condition, closed in June, and during its chrysalis slumbers of July, August and September, it transformed itself, and in October came forth a full fledged "Academy of Medicine," perfect in all its parts. About the time the Association began this metamorphosis, many outside medical observers imagined the thing was dead. So they met together, and produced a bastard egg, and named it the Marion County Medical Association. It was officered and membered by the remains of a long defunct Medical Institution, which once graced Medical Science in our State, and the political, general speculating, and contrast doctors of this city. This medical embryo egg was fostered by the combined warm feelings of its official aspirants, and it hatched a magnificent maggot. It showed remarkable strength and agility, and its progenitors bespoke for it a most flourishing existence, it had a remarkably large head, it had a minutely small tail, but like those precocious chilnren, who are the delight of their parents, they pass too rapidly through their developments, and at the time they should be men, they are either dead or idiots. And thus this new grub perished, and its name is no longer mentioned among us.

That the Academy of Medicine is a living, working organization, no one would doubt who visited the place during our meeting. That the young men of the profession are striving to stand first in medical ability will soon be known by a general appreciation of their superior skill in practice.

The summer and fall of 1865 will long be remembered by both physicians and the people. A wide-spread epidemic of malarial poisoning has visited almost every part of our State, and to such an extent in some parts that sheep, hogs and poultry have seemed to die from it. One lady assures me that her chickens being quite tame, would come to the kitchen in the morning and droop round the stove, and in the afternoon she would find them hiding in the cool, long grass, or among the bushes, and that they died with burning fever, and this calls to mind the subject of Cholera. Is this a sign of its coming? The following, taken from the *Boston Medical and Surgical Journal*, recalled this to my mind:

Epizootiæ Precursors of Cholera.—In a great number of cases the approach of cholera has been announced by epizootiæ; there has been very frequently a coincidence between an attack of cholera and the appearance of some very fatal disease among domestic animals. In India, Russia and Poland, deadly epizootiæ were noticed among camels, goats, horned beasts, dogs and poultry. Many epizootiæ were also noted in France during the epidemic of 1832, especially among poultry. Upon the appearance of cholera at Paris, Dr. Carrere observed one at Choisy le Roi, and at Bercy, where 500 hens perished in a few days. Others manifested themselves in May, at Calleville, in the department of Eure; at Montluel, in the department of Ain; at Belleville, in that of Rhone; later in July, at Compiegne, in the department of Oise, and near Brest, in Finistere. M. Clement Desormes communicated to M. Rayer the description of an epizootiæ which existed among the carp of the ponds of many of the cantons in the department of Seine et Oise, from the end of 1831 to the beginning of April, 1832. A fact not less striking, and not less significant with regard to the subject under consideration, is that of the emigration of certain birds upon the approach of this epidemic. The rooks which lived in a steeple in one of the townships of Calvados, fled before the scourge. At Glatz, near Konisburg, in Prussia, the same observation was made upon thousands of rooks and daws, who suddenly abandoned their nests upon its approach. The present epidemic [1848–9] has already furnished similar examples, especially in Russia. At the time when the cholera commenced its ravages, there appeared in the environs of Moscow, an epizootiæ among the horned animals; M. Siewiu k mentions also a great mortality among the hens and rabbits. There was, also, to my knowledge, an extraordinary mortality among hens, upon the occasion of an extensive clearing of land in the department of Marne, toward the commencement of last year; the same occurrence took place in Burgundy, and especially at Dijon; finally, at Oise, in the department of Calvados, and in those of Maine et Loire, Ille et Vilaine, and of Mayenne, during the months of July, August, September and October, a very severe epizootiæ attacked the horned animals, swine and cattle generally.

The above extract, from Tardieu's Treatise on Epidemic Cholera, is specially significant at the present time, when we hear so much of the terrible ravages of the cattle plague on the other side of the Atlantic. By recent accounts we observe that this fatal disease has spread to the sheep, and is very destructive. In Belgium it is also stated that a very fatal disease is carrying off the poultry in great numbers. Apart from the alarming deficiency of animal food threatened by these diseases, they have a terrible importance as forerunners of the most fatal epidemic of modern times.

Quinia has been the reliable treatment, followed with soft animal food, beef essence, lemonade, pleasant wines, and tinct. barks. It would be difficult here to decide what form of fever most prevailed, whether quotidian, tertian or quartan. Many cases, in the outset, were well marked Intermittents, and when the Doctor and patient were congratulating themselves that it was cured it would turn over to an indolent Remittent, which faded slowly into an almost painless lienteria, followed by painful bilious fluid stools, and in some cases large quantities of pus are voided. Although so great a number have been sick, the fatality has been very small.

There has been frequent attempts at starting a medical department in connection with some of the Colleges in this State, and the last is at the North-Western Christian University in this city, but I believe all such attempts have thus far proven failures, and are likely to do so. We need fewer Colleges, and more students who are willing to become learned men. X.

Letter from Boston.

Boston, Mass., Nov. 12th, 1865.

Messrs. Editors:—On Wednesday, the 1st inst., the Introductory Lecture to the annual course in the Harvard Medical Department, was given by Dr. Ellis, Adjunct Professor of

Clinical Medicine. The Address was an able exposition of the present status of medical science; in which the author essayed to show the correlation between healthy and morbid phenomena; or the intimate relation between health and disease. It will be read with as much interest as it was listened to by a large audience of professional gentlemen. The class promises to be very large this season. The continued illness of Dr. Brown Sequard prevents him from fulfilling his engagement as one of the lecturers.

On Thursday last, Dr. John E. Tyler, Superintendent of the McLean Asylum, commenced a course of lectures on Mental Diseases and Insanity, at the Medical College. A commission on the hours of labor has been in session, from time to time, taking evidence in regard to the number of hours persons are employed in the various trades and occupations in different parts of the State. As this has a bearing upon the health of the operations; and in order to get as full and as explicit summary of all the facts in the case, the following circular letter has been sent to all of the members of our State Medical Society:

BOSTON, October 9, 1865.

DEAR SIR:—The Commissioners on the Hours of Labor, appointed by the Governor and Council, under the Resolve, Chapter 62, of the General Court for the year 1865, are desirous of collecting information relating to the subject. For this purpose, a hearing will be held at the State House, on Thursday, the 26th of October, at 9 o'clock A. M., which you are hereby invited to attend. If, however, your convenience will not allow you to be present at that time, will you favor the Commission with information, by letter, in regard to the following points, if within your knowledge?

1. The number of hours daily required of the laborer in the different occupations pursued in your vicinity, with the reason of the difference in hours, if any exists.

2. The employment of children at in-door occupations, and whether they are kept out of school by their parents or employers, in consequence of their work; the rate of wages paid them, as compared with adults, and any other particulars which may occur to you concerning the subject.

3. The occupation and wages of women as compared with

those of men; and particularly the wages and condition of that large class of female laborers, called needle-women.

4. The *actual* results of overwork in any occupation on the health of mind or body, and the duration of life among laborers.

5. The means in your vicinity for laborers to use profitably the time gained by any reduction in the hours of labor, and whether such a reduction would tend to increase vice and crime.

6. The effect of a reduction on business, on the investments of capitalists, and the price of commodities; and whether it would lead in most cases to special contracts with the laborer, or the custom of working by the piece.

If you can answer any of these questions, and not the whole, it will be regarded as a favor for you to give us information on so many points as you can, or any other relating to this subject, which have not here been stated.

For the Commission,
F. B. Sanborn,
Henry I. Bowditch,
William P. Tilden.

Our city authorities have been quite energetic of late, in making a thorough inspection of the whole city, in order that it may be put into as good a sanitary condition as possible. In connection with the Board of Health, the members of the Police Department have been detailed, as health officers, to examine every nook and corner within the city limits, and report thereon; that every locality which contains within itself any productive elements, that may be the source of diseases of an epidemic nature, may be known, and abated, if within the power of sanitary efforts.

In some parts of the city, where the inhabitants occupy old and dilapidated apartments, where filth walks at noonday, and sleeps not at night, the tenants have been notified to leave for more congenial quarters; that the buildings may be remodled, or remain unoccupied. The drainage of the city, for the most part, is quite satisfactory; still there are some portions in which it is defective. These localities are receiving the attention of the proper authorities.

I do not think our people feel any unnecessary alarm in regard to the expected appearance of Cholera among us.

Nevertheless, it is well to act on the defensive in this matter, both in our municipal and quarantine regulations; as we are exposed to a foreign importation of this fearful and destructive disease.

Two or three weeks ago, the State Constable issued an order closing the apothecary shops on Sundays, except for the dispensing of medicines ordered by physicians. Most of the apothecaries obeyed this mandate, but not all; hence the delinquents are liable to prosecution, according to a State law; as articles are sold on such days contrary to the statutes of the Commonwealth.

Touching this subject, the Board of Trustees of the Massachusetts College of Pharmacy, after a conference with the State Constable, through a sub-Committee, adopted th.. following *ambiguous* resolutions:

" *Resolved*, That we believe the observance of the Sabbath as a day of rest from labor to be a Divine institution, appointed by God for the good of man; that it is alike binding upon us by the laws of God, the laws of man and the good of society; that for these reasons it is both our duty and inclination to observe it strictly, so far as is practicable to the necessities of society as at present organized.

" *Resolved*, That by reason of the necessity for dispensing of medicines, and the furnishing of many other articles, to those whose necessities absolutely require them of us on the Sabbath, we have been obliged to conform to the custom of keeping our stores open at all times, as well Sundays as in the night, to be ready to dispense these articles of necessity.

" *Resolved*, That by reason of our stores being so opened for the convenience of those whose wants are imperative, a custom has grown up in the community of calling upon the apothecaries for many articles not of prime necessity which could be as well obtained the day before or the day after the Sabbath; that although we do not labor as upon other days, yet the mere selling of those articles has caused a portion of the public to regard us in the light of Sabbath-breakers, classed with barbers, restaurant-keepers and bar-tenders, that the most conscientious observers of law, order and propriety do not hesitate to call upon us, in violation of the Sabbath and the laws of the Commonwealth, to furnish them with medicinal liquors, stationery, mineral waters, palliative confections, dietetics, cosmetics, and many other articles, all of which, in many cases, are of prime necessity *at the time*, and which would be a violation of the laws of charity and mercy to deny upon the Sabbath.

"*Resolved*, That in view of the difficulty of defining what are and what are not articles of charity and necessity, without inquiring too particularly into the motives of others; the mortification we experience in denying our customers and friends what seems to them a reasonable request; the expense of keeping the store provided with the same talent, heat, light, and other conveniences, as upon other days; the dubious position we hold in the eyes of our best and most conscientious citizens, *until they* wish to be accommodated; the deprivations of the benefits and the blessings of the Sabbath to ourselves and assistants; all render it more to our profit and advantage to close our places of business on the Sabbath.

"*Resolved*, That in view of all these facts, we are unable to draw any line for the guidance of apothecaries, and powerless to recommend any articles or class of articles that may or may not be sold legally on the Sabbath. Therefore, we can only recommend to each apothecary to judge for himself of each particular case, and dispense all articles of necessity agreeable to his best judgment, according to the language and intent of the law." B.

Reviews and Notices.

The Principles of Surgery: By JAMES SYME, F.R.S.F., Surgeon in Ordinary to the Queen in Scotland; Professor of Clinical Surgery in the University of Edinburgh; Honorary Member of many Medical Societies, etc., etc, etc., to which are appended his treatises on "The Diseases of the Rectum," "Stricture of the Urethra and Fistula in Perineo," "The Excision of Diseased Joints," and numerous additional contributions to the Pathology and Practice of Surgery. Edited by his former pupil, DONALD MACLEAN, M.D., L.R.C.S.E., Professor of the Institutes of Medicine and Lectures on Clinical Surgery, Queen's University, Canada. Philadelphia: J. B. Lippincott & Co. 1866.

Such is the somewhat voluminous title of a very handsome, and very compact volume of near 900 pages, clear letter press, and beautiful tinted paper, from the well known publishing house of J. B. Lippincott & Co., of Philadelphia. So far as we now call to mind, this is the first reliable American edition ever issued of the published works of the great Edinburgh surgeon—Mr. Syme.

We can not convey to our readers any better idea of Syme's Surgery, than to give the substance of the Editors's Preface. Prof. Donald Maclean belongs to the Faculty of Queen's University, Canada, and being himself a former pupil of Prof. Syme, enters upon his task of preparing an American edition, with all the hearty zeal of a friend and admirer. Dr. Maclean quotes from the correspondenee between himself and Mr. Syme to show the "circumstances and authority under which the following volume is presented to the profession in America." After quoting from Dr. John Brown in testimony of the peculiar traits of mind and reliability of Mr. Syme, of his personal and professional self dedication to truth, he remarks of this volume:

"Of the following volume, the first and largest part is devoted to the "Principles of Surgery," those principles which have been taught in Prof. Syme's lectures, and which have guided his practice throughout his long and brilliant career. The remainder is of a somewhat varied description, and comprises numerous special treatises on subjects of great practical importance, as 'Stricture of the Urethra,' 'Diseases of the Rectum,' 'The Excision of Diseased Joints,' etc. Also under the head of 'Clinical Observations,' will be found a record of numerous very interesting cases, accompanied by valuable practical commentaries."

While Mr. Syme has been a copious contributor to the literature of Surgery during the past thirty or forty years, enforcing established views, or inviting attention to neglected modes of operating, he is, however, more particularly known in this country as the inventor of certain important operations, distinctly associated with his name. One of these is "Syme's Amputation" of the foot; and in his account of this operation we have the characteristic frankness and courtesy of our author—for while he firmly maintains the advantages of his own, he does not fail to give due credit to the operations of others—thus, for instance, Chopart's Operation, which leaves the heel entire; and the modification of his own amputation, suggested by Perigoff, of St. Petersburgh.

Another important improvement in Surgical procedures, generally credited to Mr. Syme, is known as the "Perineal Section," for Stricture of the Urethra; sometimes described as the mode by "external division," and amongst the monographs embraced in the appendix of this volume is a full detailed account of the method introduced by Mr. Syme, accompanied by reports of a number of cases in illustration.

Another valuable and interesting monograph embraced in this volume, is devoted to the consideration of Excision of Joints. Very early records in Surgery give the bold and successful operations of a number of Surgeons at different times; but this class of operations does not seem to have met with general favor until the example and teaching of Syme and Liston twenty-five or thirty years ago, attracted especial attention. In this connection, too, it may not be out of place to remark that some of the most brilliant exploits of American Surgeons have been in this class of operations; thus the gratifying results accomplished by Mott, Mussey, Carnochan, and other eminent Americans, are matters of just pride in the records of Surgery.

The volume before us is heartily commended to the favor of our readers, as it doubtless will be to the profession of this country.

For sale by Robert Clarke & Co. Price $7.00.

On the Diseases, Injuries, and Malformations of the Rectum and Anus, with remarks on Habitual Constipation: By T. J. ASHTON, formerly Surgeon to the Blenheim Dispensary, etc., etc., etc. With Illustrations. Second American from the Fourth and Revised English Edition. Philadelphia: Henry C. Lea 1865.

The book before us is a fresh edition of a work already long familiar to American Surgeons. Several years ago, we had occasion to notice an American reprint of the third English Edition, and commend it to the favorable regard of our readers. The author states that he has carefully revised his work, and rewritten some portions of it, so as in all respects to render it more worthy of the position accorded to it by the profession.

From a somewhat general examination of Mr. Ashton's book, we find no change in his plan, or the arrangement of his topics. It is the same book with paragraphs and chapters occasionally remodled, either to more plainly elucidate the author's views of pathology and treatment, or to introduce new points suggested in the course of his experience.

The book contains *Twenty Chapters*, giving in succinct order a fair account of the chief diseases and accidents of the anus and reetum. One of the prominent features of this work is the judicious selection of cases; in connection with the consideration of each disease, satisfactorily illustrating the views of the general text, and enforcing the points made; some of these cases being quite as curious as instructive.

The illustrations are fair wood cut engravings, for the most part representing instruments; in a few instances, however, representing diseased structures.

For sale by Geo. S. Blanchard & Co. Price $3.25.

Chloroform: Its Action and Administration. By ARTHUR ERNEST SANSOM, M.B.. London. Philadelphia: Lindsay & Blakiston. 1866.

This little volume proposes to give "a *resume* of our present knowledge concerning Chloroform and its Effects." In the outset, Dr. Sansom speaks as follows of the discoverer of Chloroform.

"A writer on Chloroform can not commence a list of those to whose researches he is indebted for his subject matter without paying a tribute to the illustrious man who discovered the properties of the anæsthetic. It seems to me that Dr. Simpson has never received a sufficient meed of thanks. If all those whose sufferings have been abolished by the agent he introduced were to join in the work, a noble monument might be erected to his fame."

This is well enough, and graceful on the part of our author. Americans, however, do not forget that chloroform was discovered at least simultaneously, if not in priority, by Mr. Guthrie, of Sackett's Harbor, N. Y., and that its earliest use as a therapeutic agent, and for anæsthetic inhalation, was by Prof. Ives, of New Haven, as far back as the year 1832. Most readers bearing in mind that the experiments of Dr. Simpson establishing its importance as a substitute for ether was in 1847. Dr. Sansom is very clever in his historical references, and in the matter of etherization gives due credit to Wells, Morton and Jackson, but John Bull like, entirely ignores the American antecedents of chloroform.

This work is divided in twenty chapters, embracing all that is of material importance in the History, Chemistry, Effects, Modus Operandi, the Dangers, Modes of Death from Chloroform, Resuscitation, Methods of Administering, etc., etc., together with a few concluding chapters on the use of this agent in Surgery, Obstetric Practice, Practical Medicine, and Dentistry.

The style of our author is pleasant and readable, and his matter is presented in convenient and compact form. There are a number of wood cuts illustrating modes of procedure and apparatus for administration. Take it altogether, it is an acceptable contribution to this department of medicine.

For sale by R. W. Carroll & Co. Price $2.25.

The Practice of Medicine: By THOMAS HAWKES TANNER, M.D., F.L.S., Member of the Royal College of Physicians, Vice-President of the Obstetrical Society of London, etc., etc. From the Fifth London Edition, Enlarged and Improved. Philadelphia: Lindsay & Blakiston. 1866.

Those of our readers who may have bought a copy of the last or fourth edition of this book, will feel better pleased with the present edition. The previous editions were, doubtless, suited to the taste and demand of the British profession, but certainly were never valued highly by the American profession.

A Manual of the Practice of Medicine can never be satisfactory to any one but the student engaged in attendance on lectures.

The author no longer claims his work as a simple manual. He does this with some show of justice and fairness. The present edition is at least twice the size of any previous one, and consequently contains much more matter. The reading matter occupies eight hundred and sixteen pages.

After a somewhat careful examination of the book, we do not feel like recommending it to all of our readers. The busy practitioner who already has the standard and received works on practice in his library, will no doubt enjoy the book, as giving the latest views, especially in treatment. The medical student will find it a valuable assistant during his lecture term, as the discussion of the various subjects is brief, comprehensive and clear.

The author is a disciple of the School of Hughes Bennett, Todd, Chambers and Ainstie. In other words, he is a student of Physiology, and Pathological Physiology and Chemistry.

On the treatment of inflammation in general, he discourses as follows: "On this point I think it may be remarked that those practitioners who have ventured to study the phenomena of acute inflammation for themselves, regardless of theories belonging to the past, and caring little whether or no disease has changed its type, are *now* mostly agreed that our treatment must be confined to simply attempting to guide the morbid process to a favorable termination; just in the same way as we at present try to conduct cases of typhus, smallpox, scarlatina, etc., through their progress, without making heroic and injurious efforts to cut short the disease. This object is to be obtained by supporting the vital powers instead of lowering them, and by assisting the excretion of effete products. If this be true, it necessarily follows that during the early stages of the attack all sources of irritation should be removed, so that the patient may enjoy perfect quiet of body and mind; the sick room ought to be well ventilated, and kept at a temperature of about 60o Fahr.; the diet should be light, and ice or cold water freely allowed. Opium is generally to be administered if there be pain or much irritability; while if the febrile excitement be great, salines in small doses may be ordered. Aperients will be needed if fecal matters have accumulated in the intestines ; but they are not to be employed as derivatents, *i. e.*, to draw blood from the inflamed tissue of the alimentary canal, since it is merely a delusion to suppose that they will have this effect. When the pulse becomes soft, good beef tea and nutrients are to be administered; and directly there are indications of general weakness, we may be sure that wine or brandy is required, in quantity varying from four to twenty ounce in the twenty-four hours. As the period of crisis approaches, Dr. Hughes Bennett's example can be followed by giving a diuretic—half a drachm of spirits of nitrous ether with or without ten minims of colchicum wine—thrice daily, to favor the excretion of urates ; whilst when a crisis occurs by sweating or diarrhœa, care is to be taken not rudely or unnecessarily to check it. In all acute disorders, the various organs are much weakened, so that their functions are either partially or entirely arrested. To give food when there is a perfect loathing of it is worse than useless. But we may advantageously administer alcoholics either to retard the destructive metamorphosis of tissue, to afford the system the elements for the generation of heat, to repair the circulating energies, and to supply a stimulus to the nervous system, or simply because experience has proved to us the great value of such remedies, without teaching us how they act. Daily observation has forced on me for a long time past the conviction that wine and brandy not only diminish the mortality of disease, but likewise lessen its intensity, and lead to complete restoration, with the intervention of only a short convalescence."

Those who imagine that inflammation can not be treated successfully without bleeding, will find much to think of in this book.

The author has added an appendix in which he gives a large number of formulas, with short descriptions of the virtues and effects of the various mineral springs in Europe

The book is for sale by R. W. Carroll & Co. at $6.00.

The Use of the Laryngoscope in Diseases of the Throat: with an Appendix on Rhinoscopy. By Morell Mackenzie, M.D., London, M.R.C.P., Physician to the Dispensary for Diseases of the Throat, etc., etc. Philadelphia: Lindsay & Blakiston. 1865.

This is a book of some one hundred and fifty-eight pages, one-fourth of it is taken up with a history of the invention of the laryngoscope.

The great effort of the author in the first chapter is to show that Dr. Babington, of England, first suggested and actually fashioned the instrument. This he makes out to his satisfaction. The remainder of the book is devoted to a description of the laryngoscope, the art of laryngoscopy, principles, practice, faults to be avoided, special difficulties, the healthy larynx as seen with the laryngoscope, making altogether eight chapters, with an appendix on rhinoscopy.

The illustrations are numerous, and will no doubt be of assistance to the student.

It is incumbent on every good practitioner to understand the use of the laryngoscope. At any rate, it will shed a light on the diagnosis of the diseases of the larynx. A disposition manifests itself to make a hobby of the instrument. Good practical men will estimate the instrument for what it is worth, as giving us the power to see the inside of the larynx, and apply remedies to the part.

The handling of the instrument is not difficult, requiring tact and use. The author gives full directions for its application. Price $2.00.

Stimulants and Narcotics; Their Mutual Relations: With Special Researches on the Action of Alcohol, Ether and Chloroform on the Vital Organism. By FRANCIS E. AINSTIE, M.D., M.R C.P., Assistant Physician to Westminster Hospital, Lecturer on Materia Medica, etc. Philadelphia: Lindsay & Blakiston. 18 5.

It has been a long time since we have laid down a new book with so much real pleasure as this one by Dr. Ainstie. We need only to lay before the reader the table of contents to have our opinion appreciated in advance.

The first chapter is devoted to the History of the Doctrine of Stimulus and its Philosophical Origin in the Vital Theories of the Ancients. This is a very interesting chapter, in which the author not only displays a fine style, but great scholarship and scientific research.

Chapter II.—Criticism of the Doctrine of Stimulus. Chapter III.—Suggestions for the Reconstruction of the Doctrine of Stimulus. Chapter IV.—The Definition of Narcosis. Chapter V.—Symptoms of Narcosis. Chapter VI.—On Certain Bodily Conditions, which are Unfavorable to the Production of Narcosis. Chapter VII.—On the Relations which Stimulation and Narcosis bear to each other in the action of those substances which are capable of producing both. Chapter VIII.—On the Acro-Narcotics. Chapter IX.—General Conclusions.

The remainder of the book is given up to the discussion of Ether, Narcosis, Stimulant Action of Ether, and Researches on the Action of Chloroform and Alcohol.

This book should be in the library of every medical student and observer.

Editor's Table.

Salutation and Greeting. — While yet the joyous bells of a New Year born unto us, are still ringing in our ears, we come once more to the sanctums of a widely scattered household of friends and friendly readers. With this new volume of the *Lancet and Observer* we part company with a few who have been familiar names in the past. We begin to journey with many new travelers, whose friendship and good wishes we hope to secure, and expect to prize. We are all laborers together, and need the pleasant word of good cheer and counsel to encourage us in the vexations incident to professional life and toil.

And then too how truly may we regard ours as a progressive, growing science. "Medicine," says the veteran Dowler, "is not a fixed, absolute system, but a progressive science, founded on cumulative probabilities, drawn from cumulative experience. It is this progressive feature of medicine which renders medical journalism indispensable to the physician, who desires not to sink below the level of current knowledge, but regards it as a duty to his patients to obtain the latest intelligence of the progress of research, improvement and discovery, emanating from the medical mind and medical press of the new and old worlds. It is not to general theories, and systems, but to special essays, monographs, and articles appearing chiefly in the current periodicals, that the practitioner must look for fresh, varied, and full information." We hope we have contributed something to the general stock during the past decade, and with the help of our friends we shall hope to add much more during the years that are to come, if please God, our lives and ability for work are still preserved unto us.

We need scarcely dwell upon the plan of this journal, now so well known to the profession. We do not merely aim to present mature papers and cases, but so far as possible, to convey to our readers an idea of the general progress of medical affairs, its mens at home and abroad, its foreign and domestic policy, its schools and hospitals, in a word, all its varied interests.

For our shortcomings we only express our lamentation. "We would do well, but evil is present with us." Is not this the sad cry of each one of us. Let us be charitable toward each other, and not suspicious.

To one and all then, with a sincere spirit, and a glad heart for the faith we have, we extend our greetings—our wishes, friends, for the Happy New Year.

Medicine and the Public.—We do not hopelessly despair, but the mass of community will yet come to realize the claims of medicine as a science upon their regard and care. Gradually the intimate relations which mutually exist between the people and the profession, come to be felt in some degree. We hope after a fashion, that some time this relation will be better understood. When some terrible epidemic as the Cholera approaches—to-day afar off, but visible as the proportions of some awful monster, steadily marching up from the distance to devour us and our children—to-morrow in our midst and fearful in its visitation; then the people look in tearful anxiety to the oracle for its response! All honor if the oracle is ready to breathe out those responses which shall bring healing and safety to a believing people!

The power to heal, however, is not a divine gift; it comes only to the faithful worker. There must be study, and comparison, and observation. These all require material, and time, and opportunity. Who shall afford them? Colleges and hospitals and journals indeed are afforded in numerical abundance for the education of medical men, but, alas, at whose cost! and, therefore, necessarily alas, how far short of their high requirements.

Now and then, indeed, the foresight of individuals seems to travel out beyond the habitually selfish and miserable policy of the age, and provide for the demands of the state in a praiseworthy mode. Thus note the grand example of the comparatively young State of Michigan in the completeness and abundance with which she has planned and furnished her State University in all its Departments, Literature, Law and Medicine, and see the glorious return the State is receiving for its outlay.

Bequests for the completion of Literary and Religious Institutions are not by any means rare. Wealthy men with a proper sense of their responsibility as Stewards, have been continually bestowing of their means upon Libraries, Edifices, Scholarships, and Professorships; but how rarely do we find our wealth flowing into the channel of Medical Instruction; and yet Hospitals and Schools of Medicine are sources from whence flow maxims and examples that are very sad or joyous to the households of the land. Shall we not have hereafter some rich bequests, made with judicious reflection, the better to educate the oracle of Disease, Plague, and Fearful Epidemic.

Thus far, most Institutions of Medical Learning are indebted to the faithful sacrifices and contributions of the medical men immediately interested. They return a rich percentage of pleasant satisfaction to those who work to build up Colleges and Hospitals—the pecuniary return, as most men realize, is sadly wanting.

Recently we record the munificent donation of Prof. George B. Wood, of Philadelphia, by which several adjunct chairs become established and endowed in connection with the Medical Department of the University of Pennsylvania. And this is a worthy use of wealth that we are proud to speak of, but there is this same drawback, that this instance, too, is another contribution of medicine for its own advancement and higher culture.

In Ohio we have frittered away our labors and our means, both in our literary and medical enterprises without building up any great State Institution that is commensurate with our wants or with our teeming population and wealth.

The great city of Cincinnati and the beautiful city of Cleveland, from their peculiar localities, require Hospitals of the highest and most complete appointments. Both these cities have Hospitals—Cincinnati has several. But for the double purpose of careful and proper attention to our sick, and clinical instruction to the student of Medicine and Surgery, how short we come of our duty. Here is a field for municipal and individual enterprise far more imperative than Borioboola Gha ! Ohio has a number of Schools of Medicine. Their Lecture Rooms are respectively crowded with eager students of the "Science and Art," but these schools are almost absolutely endowed, and furnished, and maintained by the individual energy and means of the teachers engaged. There is an independence and self-reliance in such schools that carries its own augury of success, but can the public, so deeply interested in this success, can the wealth of the great public afford to permit these institutions to be perpetually embarrassed and crippled for want of the most complete and abundant resources and appliances for medical teaching.

In our State of Ohio, is it not to the interest of some of our benevolent wealthy men to select some one or more of the struggling Medical Colleges of the State, which may be best situated for bestowing didactic and clinical instruction, and bestow such munificent endowment, as shall afford beautiful and spacious Lecture Halls, Museums, Apparatus, Means and Cabinets of Illustration, in the most abundant and independent character. Who does this, contributes to the permanent wealth and character of the State; attracting strangers from abroad, and securing the affections and good-will of our own sons. In this Queen City have we not some men who are anxiously seeking for this better way for permanently bestowing the rich treasures which Fortune has accumulated in their garner!

Spring Course of Medical Instruction.—We are pleased to announce that a number of gentlemen interested in Medical teaching in the city will give a course of Lectures and Demonstrations in the Miami Medical College, commencing on the 14th of March proximo. This will give students some advantages not enjoyed in the crowded rooms and lectures of the regular winter course. The clinical advantages of the city—dissections, and some special instructions will be more available than in the winter. The following gentlemen constitute the Faculty of the Summer School:

Dr. Kearney, Anatomy; Dr. McReynolds, Physiology; Dr. Wilson, Materia Medica and Minor Surgery; Dr. Jones, Microscopy; Dr. Seeley, Ophthalmology; Dr. Bonner, Surgery; Dr. Taylor, Pathological Anatomy; Dr. Miller, Obstetrics; Dr. Palmer, Practice of Medicine; Dr. Hoeltge, Toxicology.

The following is the announcement handed us for publication:

Arrangements have been made for a Spring course of Lectures at the rooms of the Miami Medical College, on College Street. The course will commence on the 14th of March, 1866, and continue ten weeks. Besides the subjects usually taught in Medical Schools, several special subjects will be presented, which will make the course particularly advantageous for advanced students. Terms, $25.00 for the course. For further information, apply to Dr. W. H. Taylor, 100 West Eighth St., or to Dr. W. W. Seely, 72 West Seventh St.

Locations for Sale.—Several desirable locations for the practice of medicine will be found in our advertising department: One at Westport, Indiana; one at Ellsworth, Ohio; and one in Harrison Co., Indiana. The last one, the location of Dr. Fisher, embraces an excellent property, with all the most desirable features of a home, situated in the midst of the "Grassy Valley."

Medical Schools.—So far as we hear, there is an unusual prosperity attending all the Medical Schools of the country. As we learn the classes in New York and Philadelphia are unusually large this winter. We hear from St. Louis that notwithstanding the term has been lengthened out full five months, yet there is a full class, and that students were on the ground early. The schools south—Nashville, New Orleans, and Richmond are reorganized and giving regular lectures this Winter. The University of Michigan reports the largest Medical Class that has ever assembled west of the mountains—450. We have heretofore announced the classes in attendance in this city.

New Orleans Medical Journal.—Dr. Bennet Dowler, well known as the veteran editor of the old New Orleans Medical and Surgical Journal, proposes to issue early in 1866, a medical journal, with 104 pages bimonthly at $5.00 a year. In its day, the New Orleans Medical and Surgical Journal was amongst the ablest medical journals in this country, and we shall welcome back to our exchange list its legitimate successor. A large field of professional territory will naturally look to New Orleans as its medical centre, and we hope will afford Dr. Dowler proper and hearty encouragement in his proposed enterprise.

We also learn that Wm. Wood & Co., of New York, will commence the publication of a new semi-monthly medical journal, with the first of January, to take the place of the deceased *American Medical Times*; and as we understand, the new Journal will be under the editorial charge of Dr. Shrady, one of the editors of the *Times*. We wish it that success that the great city of New York ought to ensure to such a publication.

Personal—Prof. Parvin and the Medical College of Ohio.—In noticing the opening exercises of the Medical College of Ohio in our last number, we stated that Prof. Parvin, as Dean of the Faculty, introduced Prof. Blackman as the "Father of American Surgery." We learn that we were misinformed, and therefore misled into a misrepresentation of Dr. Parvin's remarks on that occasion. We hasten to make this correction all the more readily, as we regret to learn that we were interpreted to have intentionally thrown out an ill-natured and disparaging reflection toward Prof. Parvin, and through him upon the Medical College of Ohio. With Prof. Parvin our relations for many years have been of the most friendly intimacy, and for our *Alma Mater* we cherish none but the kindliest sentiments.

Surgeon-General of Ohio.—*Dr. C. McDermont,* late Surgeon, U.S.V., and recently in charge of Camp Dennison General Hospital, is announced as having received the appointment of Surgeon-General of Ohio by Governor Cox.

Dr. Wm. A Hammond.—It is stated in some of our daily papers that Dr. Hammond "has gone to Europe in charge of a grandson of the late John Jacob Astor; and a gossipping correspondent says that he receives for his services $10.000 in gold for six months, all traveling and subsistence expenses liberally paid, and $3000 for each month beyond the six."

The Philadelphia Medical and Surgical Reporter enters upon a new volume with the first of January. We refer our readers to the publisher's card elsewhere, and advise them to subscribe, if they desire a good Eastern *weekly*.

"*Tempora Mutantur.*"—In some casual researches amongst old journals recently, we had our attention arrested by a slip of advertisements of the year 1846. Amongst Colleges we were almost sadly interested: thus we note, first, the *Medical Department* of Transylvania University, then in its glory, and embracing in its Faculty Dudley, Mitchell, Peter, Bush, Lawson, Annan and Bartlett. Thomas D. Mitchell announced as Dean. Nearly all these great names have finished up their earthly labors. Several schools are advertised, which have been suspended for several years. Thus the *Franklin Medical College* of Philadelphia had some strong names at that time, Jas. B. Rogers and Joseph Leidy, since of the University, Paul B. Goddard, the fine Anatomist, and J. B. Biddle, the new Professor of Materia Medica in the Jefferson. The *Illinois College* at that time had a *Medical Department* at Jacksonville, and amongst its Faculty we observe Dr. Mead, now of this city, and Dr. David Prince, one of the leading surgeons of Illinois at the present time. The *Jefferson Medical College* in 1846 still retained unbroken its phalanx of Dunglison, Huston, Pancoast, J. K. Mitchell, Mutter, Meigs and Bache. Truly may we repeat—The Times change.

Academy of Medicine—Correction.—In the report of the remarks of Dr. White on Cholera in the December number, page 745, third line from the bottom, he is made to say as follows—"Next, the theory *often shown* that is contagious." It should have read "Next the theory *of Dr. Snow*" etc. Several other minor errors crept into the report, but they are mostly such as not to mislead the reader.

American Journal of Ophthalmology.—By some oversight this journal was included in the list of publications furnished at a discount in connection with this journal. We regret to state that the *Journal of Ophthalmology* suspended publication many months ago.

Dr. S. B. Conover, of Trenton, New Jersey, is authorized to receive subscriptions, and receipt payments for the *Lancet and Observer.*

Wanted—Western Lancet: No. 5, No. 6, of Vol. IV., 1846, and No. 1, No. 4, of Vol. VI., 1847.

A Brevet Worthily Bestowed. — We are much pleased to notice that among the brevets so lavishly bestowed of late by the Government on those who distinguished themselves during the war, the late Surgeon-General Finley has not been overlooked, the brevet of Brigadier-General having been conferred on him. Indeed, this is but tardy justice, considering the vast amount of service he rendered in the early days of the rebellion, in adapting the thoroughly organized medical department of the Army to the new order of things, planning and organizing military hospitals, providing for vast armies, and other arduous labors, much of the credit of which was assumed by others. Dr. Finley was, some time since, placed by his own request, on the retired list, and is now, after long, arduous and faithful service, wearing his honors with ease and dignity, respected by all who know him, and by the Government he served so well.—*Med. and Surg. Reporter.*

Expenses of the Medical Department of the U. S. Army.—It is estimated that the expenses of the Medical Department for the present fiscal year will be three-fourths less than those of last year, when they amounted to nearly twenty-three millions. The Department has now on hand sufficient supplies to meet the requirements of an army of five hundred thousand men for one year.—*Ibid.*

Chloroform as an Internal Remedy—Dr. A. P. Merrill, of New York, publishes in the *American Journal of Medical Sciences* another article on the internal use of chloroform in congestions of intermittent fever, etc. Thirteen cases are related. The remedy is generally given in drachm doses.—*Ibid.*

A Brave Physician. — Dr. Chambers, of Kingston, New York, was beset by two stout highwaymen in a lonely part of the road a few nights since, and his money demanded. The doctor said: "Well, if I must give up my money, I had better do it." So he quickly took off his glove, and putting his hand into his side pocket, he drew out—not his pocket book—but a neat revolver, and bringing it to bear in an instant, he shot one of the robbers dead. The other ruffian then fired at the doctor, but the ball went harmlessly through his hat. The doctor then took his turn again and wounded the fellow severely. He then rode back to Kington and made known the facts, but on returning the wounded man had escaped.—*Medical and Surgical Reporter.*

—— Wm. Warren Greene, M.D., Professor of Surgery in Berkshire Medical College, has recently been appointed to the same chair in the Medical School of Maine, in place of Prof. Conant, deceased.

New Orleans School of Medicine.—The sixth annual course of lectures will be opened in this school on the 13th of November. The following constitute the Faculty: E. D. Fenner, M.D., Professor of Theory and Practice; D. Warren Brickell, M.D., Professor of Obstetrics and Diseases of Women and Children; Sam. Choppin, M.D., Professor of Operative and Clinical Surgery; C. Beard, M.D., Prof. of Principles of Surgery; J. L. Cracour, M.D., Professor of Chemistry and Legal Medicine; Howard Smith, M.D., Professor of Materia Medica and Therapeutics; A. C. Holt, M.D., Prof. of Physiology. —*Med. News and Lib.*

Lectureships in the University of Pennsylvania.—The following appointments have been made to the Lectureships established by the Trustees in the Medical Department of the University of Pennsylvania, through the munificent liberality of Dr. Geo. B. Wood, of this city.

Medical Jurisprudence, including Toxicology—Dr. J. J. Reese.
Hygiene—Dr. Henry Hartshorne.
Mineralogy and Geology—Dr. J. C. Hayden.
Botany—Dr. H. C. Wood.
Zoology and Comparative Anatomy—Dr. Harrison Allen.

These gentlemen will bring to their respective chairs a well-earned reputation, as an assurance that in their specialties there will be no more reliable source for the attainment of accurate knowledge than an attendance on their several courses of lectures, which, we understand, will follow, as supplementary to the regular winter course of the medical department.—*Med. and Surg. Rep.*

—— *Punch* has recently informed his readers that *Io dide* of Potassium. *Van'ty Fair* told the American world the same thing four years ago; and "Meister Karl" claims that he was the first who discovered a chemical formula in the Bible, where water is correctly described as consisting of Hydrogen and Oxygen in the text, "H₂O every one that thirsteth!"

Married, Nov. 15th, at the residence of the bride's father, by Rev. Geo. E. Thrall, Gen. JAMES LOUIS KIERNAN, appointed United States Consul to Ching Kiang, China, and HARRIET JOSEPHA, eldest daughter of JOSEPH T. SANDS, Esq., of Brooklyn.

Gen. Kiernan is one of those who during the late war laid aside the scalpel and took up the sword, which he wielded with so much bravery, that the close of the war found him advanced to the grade of Brigadier-General. Dr. Kiernan was formerly one of the editors of the New York *Medical Press*, an excellent weekly, which was discontinued about the time of the breaking out of the war. Associated with him was Dr. W. O'Meagher, who also served through the war as a surgeon.—*Med. and Surg. Rep.*

Died, in Paris, October, 1865, of cerebral apoplexy, Prof. J. F. MALGAIGNE, one of the most eminent, learned, and eloquent surgeons and teachers of the French capital.

Died, in London, Nov. 24, aged 66, JOHN LINDLEY, M.D., F.R.S., Professor of Botany at University College, London.

Died, in Paris, of Cholera, Dr. BREARD, aged 64 years.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

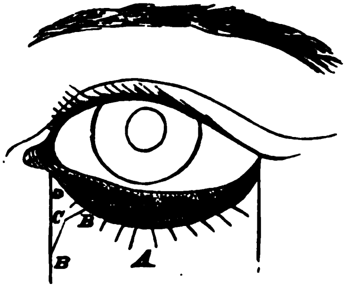
Clinical Statistics, etc.

[Continued from September.]

Ectropium.—Ectropium of the lower lid is much more frequent than of the upper, because of the ease with which it is everted. When this faulty position is due to inflammation and swelling of the conjunctiva, it is nearly always relieved by the treatment instituted for the conjunctivitis; especially by moderate brushing once a day, with a solution of nitrate of silver, (ten to twenty grains to the ounce,) of the everted and thickened mucous membrane; or by touching it daily with a crystal of sulphate of copper. If this does not suffice after a reasonable time, and there is no contraction of the skin or serious deformity of the margin of the lid, it can be readily remedied by an operation which effects just the reverse of that already recommended for *entropium spasticum*. As this is relieved by canthoplastic, combined with an operation for shortening the relaxed portion of skin and orbicular muscle over the orbital margin of the tarsus, so as to press it against the globe and cause the free edge to turn out; so *ectropium* is removed by taking out a triangular piece from the free margin, and applying sutures so as to shorten it, combined with tarsoraphy—the paring and uniting the lids together at the external canthus so as to cause them to adhere, and thus diminish the length of the palpebral opening. Desmarres combines the two at the external end of the tarsus, while others prefer to remove the V. from the middle of the lid. I have practiced both with about equally good results Even in this simple form of the affection, where there is really no contraction of the cutaneous layer of the lid, there may be partial obliteration of the subcutaneous cellular tissue from long continued irritation, so that the skin does not slide up readily on the tarsus. In such cases it is well to dissect it loose on either side pretty freely, and quite up to the free edge and keep it pressed up after the sutures, by a carefully applied compress and bandage.

In cases of ectropium, however, the result of deformity of the edge of the lid and contraction of the skin, from chronic *blepharitis marginalis*, from burns, ulcerations, contusions, abscesses, etc., there is much greater difficulty in affecting relief. The relaxed lid is then not only everted from the globe, but the relative position of the different layers of the palpebra is very much changed. The skin may be so much drawn that the cilia with their bulbs are dislocated (downwards or upwards as it affects the lower or upper lid) upon the surface of the tarsus, away from their natural position along the margin. As many of the bulbs are destroyed and the others diseased, the few remaining lashes are delicate, colorless and almost invisible ; so that it is difficult to tell where the junction of the skin and conjunctiva is. The punctum is found, if at all, drawn very far down toward the edge of the orbit. Under such circumstances, the operation just mentioned is usually only partially successful. True, the skin if well dissected up, on both sides of the V. can be slid up considerably, but not sufficiently nor do the bandage and compress alone keep it *in situ.* This aggravated form was treated formerly by Diefenbach's method of two incisions, one starting from each end of the tarsus, and converging like the branches of a V. to a point on the cheek, thus forming a triangle whose base is represented by the margin of the lid ; and dissecting it loose to near the edge of the lid, then sliding it up and uniting the wound below it with one or two twisted sutures so as to keep it elevated ; or by a plastic operation with transplantation of a flap of skin from the cheek. These two methods variously modified were those generally adopted. Diefenbach's operation I have practiced a number of times with fair results, but it has twice happened that a goodly portion of the apex of the triangle sloughed and thus thwarted the object of the treatment. All these operations are defective because the *relative change in the situation of the skin and tarsus* was not considered or remedied.

Dr. Graefe's practical fertility of intellect has devised a method which accomplishes all the object desired more thoroughly, and with less risk and subsequent deformity. His description (from the A. f. O.) with a wood cut, will make the operation intelligible. The situation of the anterior lip of the free margin of the lid is first ascertained by searching for the sparse cilia. Then a horizontal incision is made in the intermarginal space from the inferior punctum lachrymale, to the external commissure extending down into the cellular tissue. At each end of this incision a vertical one is now made, extending down upon the cheek, and in length $8'''$ to $10'''$. The quadrilateral flap A., thus circumscribed, is dissected up in its entire extent, and if necessary, even beyond the lower terminations of the vertical incisions, subcutaneously upon the cheek. The upper edge



of this flap is seized by two wide forceps and drawn strongly upward toward the forehead, and stitched in this new position along the two lateral incisions, beginning from below. The two superior angles, which are now decidedly above the conjunctival edge of the wound, are trimmed by an angular excision B. B., the obtuse angle C. of which, may next be stitched up in the acute angle D. of the original wound. This will have the donble effect of shortening he edge of the lid and making it tense, and of raising the flap. The nearer to the lid-margin the point C. is located, the less it raises the lid and the more it shortens the free margin. On the other hand, the nearer the point C. approaches the vertical wound, the more it draws up the flap, and the less it shortens the lid-margin. The indications for the one or the other, as in other plastic operations, will manifest themselves during the operation, and especially when the flap is raised and stitched in its new situation. Finally the horizontal wound is united, the sutures including pretty wide portions of skin and slight portions of conjunctiva, because this is more favorable for the subsequent fixation of the flap. All the threads of the sutures are then drawn tightly upward and fixed to the forehead with plaster. In order to secure the proper relative change in the layers of the lid, healing *per primam intentionem*, of the cellular tissue, is most important. To effect this the bleeding should be completely stilled and all clots removed, before the final fixation of the flap, and the strictest immobility preserved. For this purpose, the compressive bandage for the first twenty-four hours, is recommended, as it also prevents hæmorrhage and serous infiltration, to which the tissue in this region predisposes. While the perpendicular incisions leave slight scars, the deformity is less than that remaining after the extensive operation of Diefenbach, and of others, heretofore necessarily resorted to in these aggravated cases of extensive contraction and atrophy of the skin.

This method of Graefe attains all the objects necessary to a complete success, more satisfactorily, in my judgment, than any other, and is less liable to be attended by sloughing of the flap, and consequent failure in the operation, or even aggravation of the original deformity.

In continuation of my original plan of statistics and practical observations, I will commence, in the next number, with *blepharitis marginalis*, and try to avoid the long intervals between the reports, which heretofore have been unavoidable.

◆

Cases of Cholesterine in the Vitreous Humor.

BY W. W. SEELY, A.M., M.D.

A healthy, German laboring man, Henry M., æt. 41, came to Dr. Williams' office in July last, complaining of a gradual failure in his sight. Since childhood he had been unable to see as well as other people at night, technically he had hemeralopia, night-blindness. Eighteen years ago, his sight began to fail, and in three or four years he was unable to read ordinary print. At this point it remained stationary till last Summer, when it again commenced to fail, and at the period of the examination he was only able to count fingers at five or six inches, having barely quantitative perception of light and that gradually diminishing. From the symptoms, retinitis pigmentosa was suspected as the foundation of the difficulty, it being so common a cause of night-blindness.

On dilating his pupils with atropine and looking into the eye with the ophthalmoscope, not only was the suspicion of retinitis pigmentosa verified. but countless little glistening particles, like spangles of gold were seen, tossed in showers through the eye by the least sudden motion. It was a miniature sensible horizon, with all the stars shooting chaotically from their places, their extensive movements showing a liquificaction of the vitreous humor, and all together constituting a beautiful case of sparkling liquifaction of the vitreous humor, the "synchisis etincelant" of Desmarres, who gave the first description in detail of it, and the characteristic ophthalmoscopic appearances. Although cases of cholestrine in the eye, especially in the vitreous humor, are by no means rare, yet we think one of such surpassing beauty is seldom met with.

The second patient, Mrs. A., æt. 50, complained of some impairment in her health, yet questioning brought to light little of anything except a catalogue of mental troubles. She was compelled, early in life, to resort to the use of convex glasses for near objects, and during the last three or four years had been obliged several times to increase their strength, and was constantly troubled with muscæ volitantes. The sight of the left eye was so *imperfect that* even with a glass as strong as the refraction of the eye required, she was unable to read finer print than No. 11 of Jaeger. Her eyes had, in a marked degree, the physical appearances indicative of hypermetropia; and on testing them with glasses, it was found she required 6. for reading, and 1 12. for the distance. An ophthalmoscopic examination showed that the refraction of the eye was very deficient and revealed the beautiful spectacle of cholestrine crystals in the vitreous humor, but in the right eye only.

While in this case there were hundreds of "rich spangles," still their smallness and limited motion wouldn't allow it a place beside the other for beauty. The motion of the crystals here was so slight as not to cause any suspicion of even partial liquifaction of the vitreous humor.

The most of the observations published on this interesting affection connect it with the depression of cataracts. Still cases have been published by Graefe and others in which cholesterine was found in eyes where the crystalline lens had been untouched.

In neither of the above two cases had there been any operation upon the eyes at all, nor had there been any injury causing disturbance in the lenticular system. Cholesterine has been discovered in eyes in which no traces of previous inflammation, nor any affection of the lens, were to be found. It has also been seen in almost all parts of the eye; the aqueous humor, lens, vitreous humor, in detachments of the retina, etc., and Demarres speaks of cases in which it appeared after cataract operations, causing no disturbance of the vision, and finally disappearing. Patients usually complain of no disagreeable sensation, sometimes, perhaps, of specks which more frequently can be traced to some alteration in the fundus of the eye. The researches of Malgaigne, Desmarres, Graefe and others, leave no doubt as to the fact of these brilliant bodies being crystals of cholesterine, but the manner in which they are produced is still unsettled. There seems to be an agreement in allowing a pathological state, but no settled ideas as to its nature or cause.

Some authors attribute this condition of the vitreous humor to an inflammation of the choroid, or iris—others give as a cause of the appearance of the crystals, a fatty transformation of certain exudations,--others to a chemical crystallization of the cholesterine which is always found in the humors of the eye. Analysis of the vitreous humor placing in it small quantities of the salts of soda and potass and fat. In certain morbid conditions, it might not contain sufficient salts, or the fat be in too great abundance to form a soluble body, the fatty particles thus becoming crystallized.

These are some of the facts and speculations on cholesterine as seen in the ophthalmic practice, and to enhance, if possible, the interest attached to such cases, we will bring out some of the opinions and investigations of physiologists on the general subject of cholesterine.

We find no very lengthy remarks on the subject till the appearance of a very comprehensive article in the "American Journal of Medical Sciences," by Austin Flint, Jr., M.D. Cholesterine was known in the last century, being discovered by Poulletin, de la Salle, in 1782, in biliary calculus; later Fourcroy, described his crystallizable adipocire; in 1814 Chevral established the difference between cholesterine and adipocire; in 1830 Denis discovered it in the blood; afterwards Courebe pointed out its existence in the brain; and Curling in the fluid of hydrocele. So much for a brief history.

Most of writers agree in attributing its presence to destructive assimilation. Carpenter thinks it a product of the disintegration of nerve-substance, destined to be taken back into the blood for elimination by the excretory apparatus, like urea, which is obtainable from the vitreous humor, for cholesterine is a characteristic compound of biliary excretion, and is clearly related to its peculiar acids, so that it can scarcely be looked upon in any other light than as an excrementitious product.

Lehmann, judging from the modes of its occurrence, regards it as a product of decomposition, but from what substances and by what processes it is formed, says it is impossible even to guess.

Mialhe considers that whatever contest there may be as to certain fatty bodies taking their origin in the very substance of our organism, this mode of origin seems incontestible for cholesterine, which has not yet been formed in vegetables. He thinks there are two modes for comprehending the formation of cholesterine at the expense of the elements of the blood.

1st. It may come from fatty matters, to accomplish which it would be necessary for fatty bodies in oxydizing to give rise to a compound richer in carbon, but he rejects this, and stops at the following: that the production of cholestrine may be attributed to a transformation analagous to that which has been pointed out by Mialhe. Another considers cholestrine as being to fatty matters, what urea is to albuminoid matters, viz: that it constitutes a kind of caput mortuum, of which the organism has to free itself. Dalton says very little on the subject, simply that it resembles fats in many respects, but is not saponifiable by contact with the alkalies; is not fomed in the liver, but originates in the substance of the brain and nervous tissue, from which it is absorbed by the blood, conveyed to the liver, and discharged with the bile.

Some of these authors, as well as others, state, that cholesterine is found in bile, blood, liver, crystalline lens, brain, nerves, meconium, and fecal matter. It is also found in atheromatous deposits in the middle coats of arteries, also foims distinct tumors or deposits in the substance of the brain. It has been found in the fluid of ovarian cysts, in crude tubercle, in epithelial tumors, and in pus.

Rokitansky places cholestrine among the fats cognizable by their form and chemical relations, and says it occurs in tabular crystals representing rhombic plaurs, almost always occurring along with other fats, and often very copiously, and that the fact of its occurring in fluid and solidified protein substances, during their disintegration, as in exudates, in tubercle, in stratiform coagula upon the inner coats of arteries, renders it probable that, like other fats, it is the product of the decomposition of the elements of these substances.

Flint, in his article on "New excortory function of the liver," states the following:

1st. That the brain contains a larger quantity of cholesterine. 2nd That the blood going to the brain contains a small quantity of cholestrine, while blood coming from the brain, contains a larger quantity. 3d. That the blood coming from the lower extremities, and pelvic organs, contains more cholesterine than the blood carried to them by the arterial system, and deduces the following conclusions by further investigations, viz: that cholesterine is formed in some of the tissues of the body, and judging from the fact that the nervous tissue is the only one in which it is formed, and that the blood gains it in its passage through the great nervous centre, it is formed in great part by the nervous system.

He also shows that cholesterine is a product of destructive assimilation of nervous tissue by establishing the fact that in diminution of nervous action, its amount is decreased, as analyses of the blood of paralytics go to prove. By other experiments he shows that cholesterine is separated from the blood by the liver, so we have the following as summary of his investigations:

1st. Cholesterine is an effete material produced of destructive assimilation of nervous matters, and absorbed by the blood.

2nd. It is separated from the blood in its passage through the
er, enters into the composition of bile, giving this fluid its excre-
ntitious character.

3rd. It is poured with the bile into the upper part of the small
testine, whence the process of digestion induces a change into
rcorine, in which form it is discharged.

4th. Stercorine, the great excrementitious element of the feces, is
e of the most important excrements produced by the waste of the
tem.

According to this Physiologist, cholesterine is the most important
crement separated by the liver, as urea is the most important sep-
ated by the kidneys—the separation of it being the great depura-
ve function of the liver.

There have been some investigations in Germany which serve to
ow a very intimate relation between cholesterine and myeline, and
at their association in the nerve matter would result in the forma-
on of the primitive nerve tubes.

Assuming that the non-existence of cholesterine in all the tissues
at least not proved, we would simply offer another conclusion, that
presence of cholesterine, in the crystalline form in the corpus
treum, is due to certain morbid states, in which its natural associa-
n with the other normal elements is broken, whedce its precipita-
under the form of crystals.

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Original Communications.

ARTICLE I.

Will Uterine Leucorrhœa or Purulent Discharges from the Womb or Vagina Produce Gonorrhœa.

BY FRANCIS H. MILLIGAN, M.D., WABASHAW, WABASHAW CO., MINN.

DURING the last fifteen years, there has occurred in my practice eight cases of Gonorrhœa, which I trace beyond a question of a doubt to no other cause than the discharges resulting from Uterine Leucorrhœa, Ulceration of the Os Uteri, and purulent discharges from the Vagina.

I am aware that the Profession has generally conceded that a disease would result from sexual intercourse with females laboring under purulent discharges from the womb or vagina of a non-specific of contagious character. That these discharges would produce Gonorrhœa, or a disease that could be communicated, I believe has not been generally admitted; nevertheless, I do not hesitate to assert that Gonorrhœa can be produced by discharges purulent in their nature, and of a non-specific character. I know that I make a bold assertion, and that the Profession will not be very likely to admit of the correctness of my views. As the question, however, is of great importance in a medico-legal point, I trust this article will cause the subject to be thoroughly investigated. Medical evidence has been eagerly sought after in numerous cases where persons have been tried for rape, presumed to have had Gonorrhœa, and as there appeared to have been great confliction of opinions I think that the Profession should investigate this subject more than they have done. I am free to confess the difficulty that investigators will meet with in their labors. However, as the microscope is almost always resorted to to ascertain the exact composition of almost all abnormal conditions, half of the difficulty may be considered as already surmounted.

Physicians in charge of our large Hospitals will have better advantages to investigate this subject conclusively than those who practice in rural districts. I find that on this point, as in many others, you must take the history of the case from the patient, with a great deal of caution. In fact, this is the point wherein I have found the great difficulty. I have taken time, however, to come at the conclusions above asserted, and believe an honest investigation will prove the correctness of my views.

ARTICLE II

Cerebro-Spinal Meningitis.

BY GEO. N DUZAN, M.D, ZIONSVILLE, IND.

This disease appeared in this vicinity first in the Spring of 1863, and it has not failed to reappear annually since its first visitation. During the first year of its visitation it was regarded by a few physicians as "Congestive Remittent Fever." But those who so regarded it during the first year of its appearance were forced to change their opinion by the varied and unaccountable phases which the disease presented at the time of its second appearance, which was in the Spring of 1864. The appellation of "Spotted Fever" was then given to it by a few physicians, and by others more appropriately, because more expressive of its anatomical seat and pathological character, "Cerebro-Spinal Meningitis." The disease begins usually with a decided chill of varied duration and intensity, lasting from one to twelve hours, followed by febrile reaction, the grade of which is in inverse proportion to duration of chill. In many cases (about one of six) there is no reaction. In such cases the pulse is almost imperceptible from beginning of attack. A contracted state of the skin, cold, clammy perspiration, confined state of the bowels, frequently vomiting, coma and death. The absence of premonitory symptoms in such cases is a point of peculiar interest, and by a resemblance in every particular, excepting confined state of bowels, to "Congestive Fever," it is frequently mistaken for that disease. But with the cold stage the resemblance to Congestive Fever terminates, and it is unmistakably distinct. The first evidence of reaction is an increase in volume and force of pulse, which is followed by a return of heat to surface of body, extreme jactitation, acute pain mostly referred to head and particularly to occiput, frequently changing, however, from one point to another with incredible rapidity, increased sensibility of cutaneous surface, patient intolerant of slightest touch, rigidity of posterior cervical muscles with opisthotonos, eyes suffused, sometimes one pupil dilated, but generally both, with loss of vision; spots which appear upon legs, arms and trunk are observed occasionally; no degree of pressure will alter their color; they are caused by extravasated blood, are not true eruptions, and they indicate malignancy of the disease; pulse but slightly accelerated, sometimes apparently undisturbed; bowels constipated; urine scanty, and contains an excess of phosphates. The disease will last from ten to forty days without any marked change in its phenomena. The phenomena which the disease presents are so numerous, and wanting uniformity, that every individual case may be properly regarded as a distinct disease. All of the phenomena, however, point unmistakably to the cerebro-spinal nervous apparatus as the seat of disease.

The disease is not contagious, because in selecting its victims it manifests a decided preference for young persons of an age from three to eighteen, and adults of a nervous temperament, and requires for its development a constitutional predisposition and susceptibllity to the influence of an endemic poison. The nervous temperament and the several changes in organization as well as the natural mobility of the excitomotory system of childhood predisposes to nervous disorders, such as nervous pain and spasm, and are natural predispositions to Cerebro-Spinal Meningitis. Imperfect nutrition, confinement in impure air, continued exposure to cold, and retention of oxidized matter in the blood, will so change the constitution of blood that its cells will fail to carry an adequate supply of oxygen into the system, and the processes of calorification and histogeny are interrupted. A condition similar to venous hyperæmia ensues, the nervous centres are not supplied with vitalized blood which is essential to healthy action, and they are thrown into a state of hyperæsthesia and excessive mobility which predisposes to endemic poisons. An individual having the natural and the acquired predisposition alluded to, if exposed to the depressing influence of malaria, the circulation in distant parts will be suspended, the extremities will become cold whilst the head and internal organs will be congested. Coma and death, or (if vital power be not too far exhausted,) inflammatory reaction will follow, and what parts are more likely to become the seat of the inflammatory action than the morbidly excited nervous centres? If the theory of its etiology and pathology above expressed be true, the treatment is clearly indicated. During the cold stage, although stimulants are indicated, they are of but little benefit to patient. Owing to retarded circulation and congested state of internal organs, they either remain in the stomach entirely inert, or are ejected by vomiting. After reaction is established, such measures should be adopted as will equalize the distribution of blood and excitability. Counter-irritants to invite blood to extremities, and thus relieve internal organs, are of great utility. Opiates owing to vascular excitement of nervous centres invariably aggravate the pain. After an equilibrium of the circulation is established and vascular excitement of the nervous centres removed, sulphate of quinia, stimulants and nutrient diet should be given.

These means of cure varied as the nature of every individual case may require constitute the treatment of the disease. It is, however, a fact both sad and humiliating, that notwithstanding all of our efforts almost one-half of those attacked die.

Medical Societies.

The Cincinnati Academy of Medicine.

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[Discussion on Cholera Continued.]

CINCINNATI, Nov. 13th, 1865.

Dr. John Davis.—From Sunderland, where Cholera appeared October 26, 1831, it spread in various directions, and reached Newcastle-on-Tyne a month later. In December it made its appearance at Hetton, Houghton Le Springs, North Shields and other places, and at Edinburgh in January, 1832. The first cases that occurred in London were among the shipping Feb. 13, 1832. Dr. Graves examined, particularly in England, the districts where it prevailed and the course it pursued. In Scotland the disease appeared at Haddington about Christmas, 1831.

Dr. Copeland, commenting on the invasion of England by Cholera, is decidedly of the opinion that it was introduced from ships coming from infected ports. He thinks it may be carried in the clothes of persons who have had the disease. In commercial towns the cases were most numerous and most fatal, because there were the greatest crowds and the greatest coming and going of strangers. In Newberg-on-Tyne, a little town of 555 inhabitants, and badly situated, with a river on one side and a creek on the other, three-fifths of the whole number were attacked and one-tenth perished. In Sunderland, as I stated at the last meeting, the number of cases was large and the mortality heavy. In the mining districts, as in Hetton, the disease was less severe, as a rule, but in some mining regions cases of a severe form were frequent. We would look for less severity in these regions, because they are less crowded than commercial districts. In agricultural districts, still more sparsely settled, we find very few cases to have appeared, and of that few, all were either imparted or contracted by contact with those affected. Let us now turn back to examine the details relating to the march of Cholera, from the delta of the Ganges, through a great part of Asia and Europe to the east coast of England. What will the lesson teach us concerning its contagious character? We will find that it not only kept to the lines of human intercourse, going with travelers, armies and caravans along the great thoroughfares, but also that its rate of progress was the same as that of man. It traveled in the face of the wind, even in the face of the fierce monsoon. If only epidemic, it could not have done this. And its appearance in places was often known to be coincident in point of time with the arrival of persons from infected districts. It is true that some districts in the line of travel escaped, and this we can not positively explain. In Sunderland, one large part of the city was almost untouched. So may it not have been in Asia, that it was the best districts which escaped, as was the case in Sunderland. What was particularly observed where physicians had opportunity of making investigations? Did they think contact caused it in many cases? I don't claim that it always will. Physicians seldom suffer from contact with it. Did the Indian physicians say that Cholera was contagious? Many of them did so believe and gave good reasons for the faith. There was difference of opinion among them as there is among us, and warm discussion, which doubtless gave rise to obliquity of vision and contrary reports.

The Madras report of the appearance of Cholera at Joulnah, attributes its occurrence there to the arrival of a detachment of troops from Nagpore, and to a similar cause this report considers it was due that the disease extended from Joulnah to Malligaum to Hydrabad and to various other villages. In Orenburg in Russia, at three of the fortresses in that district, the occurrence was observed by the surgeons in charge, to accord, in point of time, with the arrival and sickening of persons from infected places. It did not appear, however, that in all instances, those who took the disease had been in contact with the sick. Its introduction into Orenburg in 1829 was not clearly traceable to communication from an infected place. What of this? The non-contagionists can take no advantage of this circumstance. They can not say because it was not imported at that particular time, that it never had been imported. When it has once been imported to a place, it may seem to disappear; it has intervals of rest, after which it will break out again. It had been in Orenburg before 1829, and may have lain in the forts until that time, or in clothing. I shall endeavor to prove at another time that such a thing can be.

Dr. Simpson says that in January, 1832, when there was no Cholera in Edinburgh, though it was known to be in Musselburg, a small place very near, the city was divided into districts and sub-districts, and put under close watch for the disease by physicians and others. And it is positively known that the first case that originated in Edinburgh was in the house of one widow McMillen. Her son had gone to Musselburg on Monday, and slept in a house in which there was cholera. He returned to Edinburgh, and took the disease on Wednesday. His mother attended to his nursing, and he recovered. She took the disease on Saturday, and died in ten hours. She was an aged and infirm woman, and had not been out of her clothes for many weeks. No other case occurred in Edinburgh for at least ten days.

Dr. Simpson relates instances of the appearance of Cholera in other places, under circumstances which strongly favor the belief in its contagious character. In Bathgate, in April, 1832, four strangers from infected districts stopped. At the time of their arrival there was no cholera in Bathgate. The four strangers were soon all seized with the disease and died. Two other fatal cases almost immediately occurred in women who had acted as their nurses. No other cases appeared in Bathgate, or within seven miles of it in any direction, during the epidemic.

A young woman was brought from the Devon Iron Works, to the little town of Dollar, four miles distant, on the 12th of May, 1832. She was sick with Cholera, and on the next day the authorities caused her to be placed in a cart, and sent back to the Devon Iron Works, and she died that night. Her mother, who had not been out of Dollar, was removed to a house, previously prepared, outside of the town, for the reception of cholera cases. On the day after the visit of her daughter, the mother took the disease, and died on the 14th, the following day. No other case occurred in Dollar from that day to the date of the publication of Dr. Simpson's paper which was in 1838. These places were in the agricultural districts, and Cholera did not prevail in them to any extent.

Dr. Carroll said, I wish to speak of this city in reference to its localities, municipal regulations, etc., as constituting causes of this pestilence and its great mortality. The city is situated on a plain, consisting of two terraces—one narrow and low stretching along the river, the other sixty or eighty feet higher, and eight or nine times as wide—the first, in former times, at several points, swampy; the second never so, but slightly declining toward the base of the Silurian hills which skirt it on the east and north. These hills rise a few hundred feet above the plane of the city, and cause, in that part of the plane adjoining them, a more sluggish circulation of the atmosphere. As the higher terrace extends west, it generally declines to meet the low lands of Mill Creek, which are so low, that they, in common with the first terrace, are occasionally flooded by the high water of the river. Indeed, some of these bottoms are overflowed several times every year. The first terrace has been so but three times, within the memory of the white man. These terraces are traversed by two canals; the one on the lower, very stagnant, and the cause of much intermittent and remittent fever, the other, the source of much less disease, and probably of very little, as it has a considerable current. Having said thus much of the general topography of the city, I shall examine with some care how much different localities may have had to do with the spread of the Cholera and its fatality. And in this examination it will be found that mere altitude had very little effect in any way; that often where there was a great mortality at a particular point, there was little or none in the immediate vicinity, or even in the adjoining house, the most appalling having occurred within a narrow space, while for squares around the pestilence was scarcely felt; and that sometimes where the inhabitants of the upper stories have suffered from the disease, those of the lower were exempt.

I will first glance at that part of the city that lies on the lower terrace, and which has connected with it not a few sources of malaria. That portion of this terrace extending from its western limits in the city, and up to Freeman Street, a distance of eighty or one hundred rods, and which contained, in 1849, a few hundred inhabitants, was visited by the Cholera in that year at only a few points, and in 1850, in a still less degree, yet no part of the city is more effected by malarial diseases than this. In the few cases that did occur, more could be attributed to the mode of living, the confined apartments, and the filth to be found wherever it appeared, than to anything else. The actual number of deaths in '49 was thirty-two, in '50 still less. This mortality, it is presumed, amounted to not more than one in fifteen, and occurred almost exclusively amongst foreigners. In that portion of this terrace, lying between the foot of Fifth Street and Main, a distance of about three-fourths of a mile, we find the basin of the White Water Canal, and some of the remains of the ancient swamps that had not yet given way to the march of improvement. The water of the canal was, at this point, horribly stagnant, and here, too, we find remitting and intermitting fevers. For the distance of half a dozen squares below Main, the population is quite dense, and of a mixed character, though containing, probably, a predominance of the foreign ingredients, the people were pretty comfortably situated Below this, and nearer the basin referred to, the population is poor, and much of it in an immoral and wretched condition. Along the immediate base of the second terrace, there is, however, a greater respectability and density of population. The portion lying nearest the river has as yet, a comparative sparse population. Now it was in that region that Cholera did considerable of its work both in '49 and '50, the far greater part, however, in the former year. As an instance of the mortality, it may be stated that on Third Street, between Smith and Stone, comprising a population of from three to four hundred, there were, in '49, thirty-seven deaths. On the upper side of Third Street, above Park, the ground rises ten or twelve feet above the pavement for the distance of three or four hundred feet. The buildings on this side are set back from ten to twenty feet from the street, and have a most retired aspect. During '49 there was but one case in these houses, and that was of an infant, and doubtful in its character. On the other side of the street, the ground is low, and is within eighty or ninety feet of the canal. Here there were many cases, as there were also below Park, on either side—both sides of the street at this point being on a level. In this locality along Third, and in that between the canal and river, very few escaped without symptoms of the epidemic. On Front, within a very short space, there were thirty-three deaths. This section is in the immediate vicinity of the Gas Works, and has a most debased population; yet the mortality was no greater, if as great here, as between it and the canal. Indeed this latter region may be considered as among the worst, as regards the mortality in '49.

During 1850, there were some fatal cases, but they were very few when compared with the number in the preceding year. Following the lower terrace from Main Street to the mouth of Deer Creek, a distance of five or six squares, the malady appeared in '49 with greater or less violence, the mortality being very great at some particular points. In the neighborhood of Lower Market, it was considerable—indeed in some houses it was thought to have been quite severe. But the severity greatly increased in the vicinity of Deer Creek from the upper side of Front to the foot of the second terrace. In one dwelling here, as early as May, four out of six died. This, we believe, occurred before the death of Judge Brough. In a very small space, immediately in the vicinity of Deer Creek, and on Congress Street, fifteen died in two or three houses Front Street crosses Deer Creek, and runs up the river to the Corporation Line. The lower point of Mount Adams presses here closely on the river, and continues to do so for a mile or more. On the lower side of Front, the ground descends rapidly to the river, and on the upper ascends toward Mount Adams. On the side next the river, there are not many dwellings, but a number of factories, but on the upper side the population is, for a considerable distance, quite dense. On this side of the street, in a population of probably four or five hundred, there were about one hundred deaths, that is, one in four or five of the whole population. This was in '49. On the lower side, on the contrary, there were no deaths to the railroad depot, and below, but one. It is a matter worthy of being recorded, that in the whole distance from the mouth of Mill Creek to Fulton—a distance of nearly three miles—there were, in the houses opening immediately upon the river, very few deaths, and nearly all of those which did occur were amongst those who were landed from boats, while laboring under the disease. Yet a considerable space, including the public landing from Vine Street to Deer Creek, is occupied by drinking shops of the lowest character, and witness more dissipation probably, than any quarter of the city. This remarkable exemption from the epidemic, which extended through both years of its prevalence, can only be explained by the fact of the greater facilities of ventilation which this quarter possesses.

The whole line of buildings in question enjoys constant currents of fresh air from the river, and these currents are much more lively than those to be met with in the city, even at a short distance from the shore. The drinking houses of which I have spoken are kept constantly open during warm weather, with the exception of a few hours between midnight and dawn. I proceed to consider the severity of the epidemic along the immediate valley of Deer Creek, and in the portion of the city lying east of it. This district is the most broken of any of the populated part of our corporate limits, as they then existed. The rivulet which bears the name of Deer Creek, emerges from a gorge of the hills in the north-east, and constitutes the eastern boundary of the second or upper terrace of the city. On the east is Mount Adams, which rises for several hundred feet. The steepness of the hill-side does not, however, prevent the construction of houses, which may be met with from the base to the summit. The very narrow valley through which the stream runs, is constantly filled with an incalculable amount of filth. Slaughter-houses abound here, and during the great swine-killing season, the rivulet is constantly dyed with blood. During dry weather, the stream ceases to flow, and accumulations take place, which putrify and send their exhalations by the winds against the declivity of Mount Adams and in other directions. Yet, it is said, in the year 1832, and also during the following two years, when the Cholera visited the city, no cases occurred in this valley, and this was in a great measure the case in 1850. In 1849, however, not only did the inhabitants of the valley suffer most severely, but the malady extended to the very summit of Mount Adams. Thirteen patients died in a very small space on the hill-side near the summit. Near the base of the hill, and a few squares from the river, is a narrow street, not more than two or three hundred feet long, called Dublin Street. This street is badly built, and peopled by Irish laborers. Here there were, in a population of two or three hundred, twenty-four fatal cases, between the first of May and the first of June. From a little above this point until the city ceases to extend along this valley, there is a population of a few hundred inhabitants, and here there were not less than forty fatal cases of Cholera in '49.

I pass on to speak of the more central and refined portion of the city. This district may be said to lie principally upon the upper or diluvial terrace, is more exposed to the free circulation of the atmosphere, is more cleanly, the houses larger and better adapted for ventilation. The citizens are here more wealthy, mix less with the masses, and are more American in all their habits. Yet within this space there are at least two market places, and around these there is much crowding and considerable of the filth common to such localities. In these places there were many cases of Cholera. This was especially the case on Fifth Street, for some five or six squares west of Main, though the mortality here was not equal to that of some places I have pointed out. Within this space, however, was one house, two and a half stories high, in which resided a great number of families, occupying one or two apartments each, making in all about one hundred inmates. On the first of June, 1849, the two stories—or rather story and half story—alone contained near seventy persons. Of these, twenty four died within three months. Now this house was occupied, principally, by Germans, and was, of course, kept principally confined, and, it is believed, in a filthy condition. It is worthy of notice, that in the first story, though considerably crowded, not a single death occurred. The persons occupying this floor were, however, entirely disconnected from those above; were, I believe, most of them of a different religious faith, and more cleanly in their mode of living. There were a very few cases in the immediate vicinity of this house in 1849, and in 1850, it is thought not one; showing pretty conclusively that this dreadful mortality just referred to was the result of some specific poison altogether independent of location. On Main Street, between Sixth and Seventh, there were in 1849, seventeen deaths from Cholera, in 1850, but one. This will serve to show to what extent the business portion of the city suffered in the former year.

We will now take a view of those districts less connected with business, and equally far removed from intercourse with the multitude. On Fourth Street, for example, which is more than a mile long, there were, in 1849, not more than fourteen deaths, and in 1850, but two or three. On Seventh, Eighth and Ninth Streets, where the population is of a mixed character, there was the same exemption from the epidemic, indeed, we are inclined to think the mortality, in the more retired portion of these streets was even less than on Fourth. On Third, which has a less wealthy and more business-like population, and which lies on the declivity between the upper and lower terrace, the mortality was much greater.

Leaving the more favored sections, we come to that part of the upper terrace lying between the base of the hills on the North, and Tenth Street on the South. This extensive region is a little lower than the preceding, is traversed by the Miami Canal, and has on its northern border one or two small rivulets that drain it of the waters coming down from the hills. Much of the population of this district is German, and in many places it is densely crowded, a condition of things owing in part to the spirit of speculation, and in part to a willingness on the part of the city authorities to gratify the taste of that class of people, who seem to rejoice in nothing more than crowded, confined, and badly ventilated localities. In the south-east of this district, and near the canal, is Abigail Street, narrow and closely crowded. It extends through two squares only, and is, therefore, from six to eight hundred feet in length. On the eastern half, I found there were, in 1849, not less than fifty fatal cases; on the western extremity about thirty, of which eight or ten occurred in one house. The population here was principally German. Many of the residents were draymen, who were daily connected with the river business. Keeping still east of Main Street, we find a heavy mortality north of Abigail, which seemed to increase in the immediate vicinity of the river hills. In a single house, twenty-eight persons fell victims to the disease. Of these, sixteen died in one night. These were all Germans, the house much crowded, and the street narrow. This condition of things holds good for some distance around this point, yet in 1850, this quarter was almost exempt from the pestilence. Here we have a reason for the prevalence of Cholera in 1849, but none for its absence in 1850, excepting the fact that the inhabitants who survived the shock of 1849, having gone through one attack of the disease, were less susceptible to its influence in the succeeding year. Of this we shall speak hereafter.

But the epidemic did not in this quarter either, confine itself to the low grounds of the city. As in the case of Mt. Adams, it ascended the hills on the north, being limited in this ascent, however, to the two great avenues of intercourse with the city—the extension of Sycamore Street to Mount Auburn, and that of Vine to a village a mile from the city. At the point where the former begins to ascend the hill, and for some distance in that direction, there is on the west side a considerable population. Here the pestilence was dreadful. Continuing its ascent, a number of persons on the highest point of the hill were attacked. One family, enjoying all the comforts of life—at least all that money could buy—suffered severely. There were, I think, in this family six persons, al on the alert. They dieted according to the Graham system, they prepared themselves with Homœopathic powders and pills, they made use of Hydropathic preventives, but with all these they were unsafe, for they mixed daily with the city population. One became ill. He swallowed his sugar powders, his quack was called, but, alas! he died. The quack himself sickened and died from a neglected diarrhœa. All the family, with a single exception, met with a similar fate. Even their female doctor, who knew as much of quackery as any of them, also fell a victim. The fate of this devoted family teaches an impressive lesson, and as such we commend it to the contemplation of all living quacks, as well as to the serious consideration of the more wise and discerning.

The village at the end of Vine Street Avenue, of which we have spoken, had a population essentially German in its character, and, as usual with Germans, in 1849, had many fatal cases. In speaking of Vine Street Hill, we have gone westward a distance of three squares, and still find ourselves in the midst of a population whose sufferings, at least in 1849, were severe in the extreme. Near the base of this hill is a large Catholic Church, with a most extensive congregation. This congregation, we were informed, lost in 1849, more than thirteen hundred of its members—truly a most awful mortality. West of this locality the epidemic extended, still being rather worse near the hills bounding the city in that direction than farther south. Yet this was not always the case, for many points in the southern portions of this section suffered severely. At the corner of Walnut and Twelfth there is a small German tavern, where six persons died between midnight and noon of the following day. On Walnut, between this tavern and the next corner above, ten more died within the succeeding fifteen days. On the opposite side of the street, there were about two deaths. Directly west of this locality, and close within the angle made by the Miami Canal, there is a short street, about three hundred feet in length, called Grant. Here were seventeen deaths. In a large house on Elm, immediately above the corner of Grant, nine more succumbed, making in all twenty-six deaths within a very narrow space, thinly populated. On Fourteenth Street, next above, in a comparative small house, there were fourteen deaths, not more than two or three of the residents escaping. Within this space, bounded by Grant and Fourteenth, and by Elm and the Canal, is the Cincinnati Orphan Asylum; yet in it, notwithstanding the great mortality around it, there were in 1849 but two fatal cases of Cholera. In the whole of this neighborhood there was, in 1850, if we are not mistaken, very little of the epidemic.

Extending our investigation further west, we come to the Commercial Hospital. There was here, of course, much of the pestilence, and a considerable amount in the immediate neighborhood. Still farther west, and in an unfrequented part of the city, was the heaviest mortality that any where occurred. This was on Rittenhouse Street, running from Court to Clark, a distance of one short square. In 1849, this street was but partially settled, the population amounting to about two hundred and fifty. The inhabitants were mostly Germans, and a considerable number were draymen and waggoners. The street was unpaved, and there was some stagnant water in the immediate vicinity. Now in this little, out-of-the-way place, there were in 1849, sixty-one deaths from Cholera. On Clark Street, directly opposite to the termination of Rittenhouse, there were eight more, making in all, sixty-nine deaths, in a population of not more than three hundred.

It may be proper to say, that it was very common for persons living in basements to suffer from the disease during both years. In one of these, in 1849, as many as nine deaths occurred within a day or two. As I have passed along, we have occasionally adverted to the epidemic of 1850. It is proper to recur to this matter with more care. I have already mentioned that those districts which it visited with the greatest severity in 1849 were not generally the scene of its ravages in 1850. Indeed, few of the localities that suffered much of the former year, were revisited at all in the latter. I know of one house in which the disease appeared a second time, but which had, in the meantime, changed inmates. It is very certain that the German population suffered but very little in

1850, while the Irish were almost as great sufferers in the latter as in the former year. This may have been owing to the fact that the immigration from Germany was much diminished in 1850, while that of the Irish was unabated, if not increased. I have already pointed out the difference of mortality in several localities in the two years. As farther instances, we may mention Rittenhouse Street, the Vine Street Road, and the village at the top of the hill, the road leading to Mount Auburn, the valley of Deer Creek, the part of Front Street, above this Creek, and all of the district between the Miami Canal and the hills to the North—in all of which places there was an alarming mortality in 1849, and in which there were but few cases in 1850.

Enough has been said, we think, to show that the epidemic was more dependent for its dissemination upon the various causes producing an absence of free ventilation, and upon filth, than upon malaria or altitudes merely. This opinion will be strengthened by reverting to the history of the Orphan Asylum as connected with this subject. I held the post of physician to this Asylum for a period of eight years, during which time I made many experiments in reference to the influence of well ventilated wards, upon the health of its inmates. When I first entered upon my duties, I found the room occupied by the sick was kept in a very close condition, and this had been continued from week to week, and from month to month.

The apartments had that particular odor that belongs to the close wards of a hospital, and to filthy and badly ventilated houses in general. I found the sick in a condition most unfavorable to recovery, and was convinced that a number of them never would recover, unless a better condition of things was adopted. I accordingly directed that the rooms should be constantly ventilated, both by day and night, and used my utmost endeavors to have the house so arranged that each room should be occupied but twelve hours in the twenty-four. In all the dormitories this was carried out, as it was, in a great measure, throughout the establishment; though it was found difficult to have the sick room vacated during half the time.

On the approach of Cholera in 1849, these regulations were more rigidly insisted upon. Every child admitted during that year was, by my direction, stripped of its clothing, and washed in soap-suds, before its admission amongst the other inmates, and the clothing taken off was boiled in water before being again used. And now for the results.

During the year 1849, there were about three hundred admissions, many of whom were sick when admitted. At the time when the Cholera was raging with its greatest violence, there were seventy children admitted within three weeks, all of whom were said to have been taken from steamboats, or from dwellings where one or both of the parents had died of Cholera. The whole number of deaths, from diseases of all kinds, in 1849, was twenty. Two or three who were sent from the city to be nursed, and who died, are supposed to be included in this number on the books of the Asylum. In the whole number there were but two deaths from Cholera in its malignant form, though others fell victims to long continued diarrhœas, which were, no doubt, the result of the Cholera poison. The Asylum, it will be remembered, was surrounded by Cholera in its greatest intensity.

Dr. Bartholow said, Are we discussing the causes of Cholera, or the general subject of etiology?

This inquiry seems pertinent in view of the wide range over which this discussion has wandered. The causes of Cholera may be comprehended in two groups, viz.: general and special. The general include those causes not peculiar to Cholera, but common to a large number of diseases of the zymotic order; for instance, deficient ventilation, imperfect sewerage or drainage, filth, decomposing animal and vegetable matter, crowd-poisoning, etc.

Here are no differences of opinion as to the effect of these various agencies. The literature of Cholera is so abundant, indeed, upon these points, that it is a work of supererogation, a mere waste of time, to reiterate them. We should shape our inquiries in the direction of the causes peculiar to Cholera, for the double purpose of instituting wise methods of prevention and of arriving at rational indications for treatment.

I regret that Dr. White should have confined himself to a narrative of these "thrice-told tales," and that he should have overlooked some of the more recent contributions to the study of the special causes of Cholera. I propose to present in a condensed form, some observations upon these special causes, reserving for a future occasion, should the subject be continued, the consideration of the pathology and treatment.

And here let me dissent from the unsupported view of Dr. Murphy, that Cholera is a different disease in different localities, and that the causes of Cholera in one place are not the causes of Cholera in another place. No disease in the whole catalogue of human ills varies less in its specific or essential characters and in its producing causes.

The special causes of Cholera may be arranged in two classes:

1st. The nature, character and mode of propagation of the specific poison;

2nd. The special telluric influences favoring its rise, progress and development.

Of the essential nature of the poison of Cholera, nothing, of course, is known. Nevertheless, close approximations to its physical properties have been attained, and the mode in which its poisonous properties are manifested upon the organism, clearly defined.

a. It has a specific gravity somewhat greater than the atmosphere, and possesses, also, considerable power of diffusion. Thus whilst it tends to concentrate in low situations and to follow the direction of prevailing atmospheric currents, it *may* diffuse itself to a certain extent against gravity and in a direction opposite to that of prevailing winds. In these respects this poison obeys the laws of gaseous diffusion.

b. The poison under the influence of moisture has a tendency to spontaneous decomposition. A moderately high temperature and a dry state of the atmosphere are peculiarly favorable to its development. If the temperature be sufficient, moisture, alone, does not produce decomposition; but in the dry state, it may be preserved in activity much longer.

c. Its action in producing transudations of the serum of the blood is similar to that of the hydragogue cathartic *elaterium* Thus it causes the transudation of the water of the serum. before the solid constituents, and the inorganic before the organ solids, or, in other words, the *crystalloids* before the *colloids;* the chlorides before the phosphates, and the salts of soda before those of potash. It is an extremely interesting fact that these transudations from the bloodvessels into the alimentary canal follow the laws of osmosis, or that an outward diffusive current is produced by the presence of the poison. A remarkable similarity to the action of elaterium, which, whether injected into the blood or swallowed into the stomach produces the same rhenomena.

To understand the mode in which this peculiar poison is propagated, we must give a due importance to these physical properties, and study the possible vehicles for its transmission.

The first fact in this connection is the agency of the characteristic rice water evacuations. Although inoculations of the evacuated matters have not produced Cholera, yet Lindsay, Marshall, Thiersch and Meyer have induced Cholera in dogs and cats by administering to them the rice-water discharges. According to recent researches, particularly those of Dr. Wm. Budd, there is every reason to believe that the rice-water is the vehicle for the propagation of the poison-matter. By this means, it may be transferred on the hands of attendants of the sick, or by the bed-linen, or clothing, or other articles. This will serve to explain the propagation of Cholera along the routes of travel and commercial intercourse. Further, these rice-water discharges thrown on to the ground may become dry and rise in the air in the form of "Cholera-dust"—as it is well styled by Dr. Budd—having a specific gravity but little greater than the atmosphere. Afterward it may obey the laws of gravity and occupy low situations, or diffuse itself in a still atmosphere reaching a higher level, or travel against the wind somewhat, or follow in the direction of prevailing atmospherical currents. The first and the last are the usual order of its transmission, and strictly, too, in harmony with fixed physical laws.

Yet, further, the cholera dejections may percolate through the soil, and thus find a vehicle in the drinking water. This may be a most prolific source of infection, notwithstanding the *ipse dixit* of Dr. Murphy, who has, during the discussion of this question, had his usual sarcasm for the signers of the paper upon the Cincinnati water-supply question. As I was one of the signers of that paper, I take this opportunity of asserting that Dr. Murphy is either ignorant of the nature of those morbific agents which may find a habitat in drinking water, or else he wilfully misinterprets the action and misapprehends the motives of the gentlemen whose names are appended to that paper. I repeat, the Cholera evacuations containing the specific Cholera-poison may percolate through the soil to the cistern containing the Ohio river water which Dr. Murphy drinks, or it may reach him through the same medium from the dejections of the Cholera patients on the river steamboats.

These observations may be thus summed up:

The poison of Cholera enters the blood from the air or is swallowed, acting on the mucous membrane of the alimentary canal, and undergoing there increased multiplication, passes out with the discharges, and these discharges becoming mixed with drinking waters or dried into Cholera dust and distributed through the air, reach the alimentary canal of other persons producing the same series of phenomena. Here are then the chief modes of the propagation of Cholera.

We have now to consider in the last place, the special tellurie influences favoring its use, development and progress. These may be stated in a single sentence: long-continued dryness of the atmosphere; a high temperature; a close and still atmosphere with increased pressure, evidenced by high readings of the barometer, and an almost total absence of ozone. Each of these telluric influences to be properly presented, would require an essay for itself, but I forbear to make so great an infliction upon the Academy.

Dr. White arose to explain. When he volunteered to bring a paper, he said his design was not to go over the whole field and exhaust the subject, but only to bring out discussion. He alluded to the theories of Drs. Snow and Budd.

Dr. Murphy.—All the remarks that I ventured to make on this subject pointed to a practical bearing, to the real vital question: What do we know that will help us in the prevention or cure of Cholera? I may have been too broad in the assertion that Cholera did not behave alike in any two places, nor in any two epidemics in the same place. But it makes little difference from what point we view it theoretically. The practical question is what I have stated. Dr. White said it did not seek high places. The history of the disease in Cincinnati does not support him in this view. Here we are a law unto ourselves. Dr. Carroll has just told us of its prevalence upon Sycamore and Vine Street Hills, and in the country how it killed one hundred people of a small population, in a short time, on the tops of hills. This is in direct opposition to Dr. White. Dr. Davis' history has shown you the difference between its advent to this city in '49, '50 and '51. I mean that it behaves differently at different times in regard to its point of attack. It does not come where we most expect it. In this city, about the low buildings used as bone boiling establishments, it did not prevail very extensively. These places were reeking in filth, yet they did not invite the scourge. As to its cause, I think we know nothing. All we can do to protect against it is to insist upon cleanliness of person and surroundings, and a calm, equable state of mind. Dr. Bartholow in this paper only approximates to the cause, nothing more. Its contagion is a vexed question, there is much room for argument both for and against. As to dryness and moisture, we don't know what relation they bear to its prevalence. If I believed in its contagion, I should be frightened, and it will create a panic with the public when they learn that medical men declare such an opinion.

Dr. John Davis.—I arise to do nothing more than object to the position of Dr. Murphy upon contagion. This is an important question for us to discuss. Let us settle it as far as we may be able—afterwards we can discuss other means of propagation and then treatment. Let the non-contagionists speak out, and declare the reasons for their faith.

Dr. Patton said that it was an unfortunate fact, that we did not yet possess any convincing evidence or proof relative to the question under discussion. It is not known, really, whether the *cause* of Cholera consists in a peculiar epidemic influence, analogous to that which produces influenza, or is due to terrestrial miasmata, animalculæ in the atmosphere, electric influence, etc., etc., or, whether it is propagated by contagion, either directly, or by exhalations from other bodies, as for instance, from the breath, secretions, evacuations, etc. The *nature* of the disease itself is equally in dispute. By some it is conjectured to be a species of fever, by others a simple gastro-enteritis, by other parties, again, an irritation of the primæ viæ with a specific sedative impression upon the ganglionic nervous centres. However, neither constant and characteristic pathological appearances, the secretions or evacuations, nor the character of the blood have yet supplied any definite information upon these points. We only know that some mysterious agency is capable of producing all the characteristic phenomena of Cholera, and until we know more of its cause and pathology our treatment will be diverse and empirical, and all our views mere hypothesis.

But, fortunately, by the observance of proper sanitary measures, we have the means of preventing, or staying its progress with almost as much certainty as we have of saving ourselves from the evil effects of fire and lightning.

Of all these hygienic means, next to cleanliness, the use of proper food forms the subject of the greatest practical importance, and one, of the management of which there has been great diversity of opinion and error.

Some have recommended an animal diet, excluding fresh fruits and succulent vegetables; others, an exclusively vegetable regimen. The experiments of Magendie and Gruelin have demonstrated the fact, that the primary components of food afford no nourishment when given alone; although bread or meat singly will sustain life, each containing more than one of the elementary constituents. Nevertheless, a combination of all the elements of animal and vegetable food are absolutely requisite to maintain the highest degree of health and vigor, and consequent vital resistance to the causes of disease. If meats largely preponderate in warm weather, or in a temperate climate, they occasion plethora, predisposing to various inflammatory digestive disorders, overstimulate the alimentary canal, increase thirst, and produce constipation, which may either end in diarrhœa, or call for laxative medicine. An exclusive vegetable regimen, on the other hand, enfeebles digestion, thereby favoring diarrhœa, flatulence and acidity, and by a general impoverishment of the blood, lessens the capacity to ward off disease. Hence, the utility of a due combination of all the alimentary constituents, which a mixed diet supplies. The sugar, starch and gluten of vegetables seem to temper down the stronger articles, oil, fibrin and gelatine of meats, rendering all more palatable, digestible, and more readily assimilated.

During an epidemic of Cholera, there are individuals who decry the use of fruits, as generating superacidity. If the digestive powers are very feeble, plain bread and butter will often turn intensely sour in the stomach. It is a matter of daily observation that lemonade and the acid fruits do not produce acidity in a healthy stomach, but rather refresh and invigorate it. The sub-acid and extractive matters, which this variety of nourishment contains, promote the secretions purify, cool and enliven the blood, thus fortifying us against epidemic and other unhealthy influences.

Again, nothing is more pernicious than a routine diet, sameness of food produces torpor of the intestines, for which the best remedy is variety.

According to Prout, Liebig and Wohler, the starch, sugar, gum, jelly and extractive matters of fruits and vegetables contain an alkali in combination with the vegetable acids, which are decomposable. This alkali, being biberated, they affirm, serves a useful purpose, by neutralizing the acidity which is developed in the transformations which are constantly taking place in the human economy.

The use of alcoholic stimulants should be altogether discarded as a preventive in this disease, even if their effects were salutary, as it is easier to practice total abstinence, than confine the desire within the limits of moderate indulgence

MISCELLANEOUS BUSINESS—*Dr. Fries.*—I am glad to see that the city authorities have organized a board of health, and appointed a very competent gentleman as health officer. I wish to make a suggestion in regard to one matter over which he will have some supervision. The papers have, of late, devoted a great deal of attention to the condition of the streets and alleys. Now there is little to propagate disease in the streets and alleys, compared with what may be found in the back yards, back buildings and vaults. This is a very important matter, and I hope attention will be directed to it.

Dr. Carroll.—I would like to call attention to the number of processions and parades made by religious and other Societies during the prevalence of Cholera. This should be discouraged. It tends to excite and keep up panic in the public mind, when it is particularly desirable for all to keep themselves calm. I think the streets and alleys are cleaner now than they have ever been, but we all know that the condition of the back buildings, yards and privies is horrible.

Committee on Membership reported favorably upon the application of Drs. W. W. Dawson and W. W. Seely, who were elected to membership.

The Committee then asked for instructions to guide them in the case of Dr. Wiley, as he was not a practitioner of the city.

After some discussion upon a proposition to amend that clause of the Constitution, which defines the qualifications of active members, Dr. Wiley was elected an honorary member, upon motion by Dr. E. H. Johnson.

Special Selections.

Vesico-Vaginal Fistula.

Dr. Banon exhibited the edge of a vesico-vaginal fistula, removed by Dr. Kidd at the Coombe Lying-in Hospital. They were all aware that the treatment of vesico-vaginal fistula had within the last few years been very much improved —a new era in the treatment of this formidable and most unpleasant affection had, in fact, been inaugurated during the last ten or twelve years. They were also aware that these fistula varied in size; the vesico-vaginal septum was in some instances so extensively injured that the greater portion of the bladder protruded into the vagina; in other instances the fistula was so small as scarcely to admit a small probe, but still large enough to cause all the symptoms of this distressing malady. About two years since he met with one of these small pin-hole fistulæ, as they are termed, and was assisted in the examination of it by Drs. Beatty and Spencer Wells, of London. It was situated very high up in the vagina, which was narrow; the subject was an old woman, aged seventy. Owing to the narrowness of the vagina, and the distance at which the fistula was situated from the external parts of the organ, there would be very great difficulty in paring its edges. Under these circumstances he was put to his wits' end to try to overcome the difficulty, and had invented a little instrument, which was exceedingly simple, and acted very well in assisting the operator in paring the edges of these small fistulæ; it was a steel bent probe, or sound, fixed in a handle; it could be forced into the smallest fistula; projecting backwards there were four elongated points, which, on withdrawing the instrument, after having introduced it freely through the fistula, would grapple or catch its edges on every side. Previous to introducing it the object would be much facilitated by passing a sound into the bladder, and raising the vesico-vaginal membrane toward the operator. In this way the operator could pass the instrument through the small fistula; and, holding the instrument in the left hand, and making the parts tense, it became very easy to divide them, passing the knife so as to cut out the instrument, including of course the whole edge of the fistulous opening; this is one of the principal advantages to be derived from its use. The parts as removed are here seen, still attached to the instrument, and the elliptical shape was selected by Dr. Kidd as that most convenient for subsequent coaptation.

Dr. Banon has recently published a series of ten or eleven successsful cases of operation on vesico-vaginal fistulæ, three or four of which were of the small or pin-hole variety, in which he had used the instrument referred to, and now exhibited to the Society. It had also been successfully used on two occasions by Dr. Kidd, and also by Dr. Cronin. His object in bringing the subject before the Society was, partly to show this frequent form of fistula, and also an instrument which he and others who have used it, found of advantage in the surgical treatment of this affection.—*Dublin Quarterly Journal—Reports of Pathological Society.*

Dropsy of Fallopian Tubes.

Dr. Bennet exhibited to the Society a recent specimen of this. He said: The specimen which I bring before the Society this evening was taken to-day from the body of a middle-aged women, brought for dissection into the Medical School of Trinity College. I discovered the tumor on opening the abdomen and turning aside the intestines; it occupied the cavity of the true pelvis, filling it completely, and projected upwards a short way above the brim. The tumor at first sight looked very like a distended bladder; its walls were, however, much thinner than those of the bladder. It was free from adhesion either to the intestines or walls of the pelvis, but could not be raised in the least out of the pelvic cavity, in consequence of the shortness of its pedicle and the intimate connexion of the pedicle to the uterus. In order to make out the nature of the tumor exactly it was necessary to remove it with the bladder and uterus. I now exhibit to the Society the parts so removed. The tumor is a very peculiar one—its shape ovoid; the broad end, that remote from the uterus, about the size of an infants head; the narrower end is in contact with the fundus of the uterus, and has coiled around it spirally from left to right a tube which, on examination, proves to be the Fallopian tube dilated. The tumor is evidently a simple cyst, and its cavity communicates freely with that of the dilated Fallopian tube, which is lost in the tumor, there being no part of its fimbriated extremity discoverable; the broad ligament of the uterus contains the tumor, and attaches it to the uterus. The ligament of the ovary passes directly into the cyst walls, and all trace of the ovary, external to the cyst, is wanting. There are a few adhesions about the attached part of the tumor, between adjoining parts of the broad ligament. On opening the cyst the fluid contents are found to be ordinary serum, the cavity is proved to be a simple one, and where the Fallopian tube is lost on its surface, externally, a finger can be introduced from the cyst into it for some distance; the tube gradually contracts, and is completely impervious two inches from the uterus; in no part of the tumor can the ovary be detected, though in the part of the cyst wall which contains the ovarian ligament the remains of the vessels of the ovary can be seen. The condition of the uterus and the part in the left broad ligament, explains, I think, the nature of this tumor. The os uteri is so contracted as barely to admit an ordinary probe; the tissue of the cervix and body of the uterus is much harder than usual, and their cavities are greatly contracted. Both Fallopian orifices are closed; the left tube, like the right, is impervious for some distance, and then dilates into a thin cyst, which retains the shape of the tube pretty accurately. The extremity of the tube is closed, its fimbriæ are gone, and it is intimately attached to the ovary by two adhesions—one, the normal one, thickened, the other abnormal. The ovary is free from any trace of disease, cystic or otherwise, and is such as we usually meet with in women past child-bearing. From such a condition of parts I think we may deduce the cause and nature of the larger tumor, even without a knowledge of the history of the case during life. The condition of the uterus and left ovarian structures shows that an attack of inflammation, probably catarrhal, caused contraction of the os uteri, obliterated the Fallopian tube at either end, and caused it to adhere abnormally to the left ovary. On the left side, the progress of disease was arrested, while on the right the same attack of inflammation, having caused similar adhesions between the ovary and its duct, was succeded by cystic growth; the extent of growth of the cyst formed thus by adhesions, has involved the ovary with its ligament and vessels, and finally destroyed all trace of the ovary.

This form of dropsy differs in many points from those which occur in the ovary itself, or between the layers of the broad ligament, which seem to owe their origin to cystic degeneration of the parovarium, the former to the same change affecting a Graafian vesicle. If my deductions from the facts of the case are correct, the previous occurence of inflammation of the uterus and its appendages would be necessary in order to the formation of such a tumor as this before us. The occurence of such inflammation, and of the consequent condition of the uterus, taken with the fixed character of the tumor, might assist in the diagnosis of this form of dropsy.—*Dublin Quarterly Journal: Reports of Obstetrical Society.*

Aggravated Dysmenorrhea; Exploration of the Uterus with the Endoscope; Cure.

Anne Crolly, aged thirty-five, unmarried, settled in England many years, and has worked in a cotton factory; of full habit, rather pale and flabby, and apparently in good health, admitted June 23, 1865.

History.—Two years ago had needing, followed by copious hæmorrhage from the womb, which was accompanied by discharge of "clots;" this occurred suddenly, and continued eight months without intermission, but was not attended with pain. Has been repeatedly under medical treatment in England, and took mercury to salivation.

Bleeding ceased for five weeks; it then returned, and has continued to the present time; it is now, however, attended with pain, which she describes as being of a "squeezing" kind, and accompanied by "forcing."

Os uteri is patulous, and plugged with glairy mucus; its lips are congested, and on the slightest irritation florid blood flows freely from them.

Examined with Dr. Cruise's endoscope; the lining membrane of the uterus presented streaks of vascular engorgement, like the conjunctiva in a state of chronic inflammation; in several situations, also, the mucous membrane was seen to be rough and granular. It was touched, through the endoscope, with a twenty-grain solution of nitrate of silver, and the *blanched* surface so treated was subsequently distinctly visible through that instrument.

Treatment consisted, in addition to the above, in repeated leeching of anus, warm hip baths, injections of sulphate of alum and oak bark, mild aperients, and vaginal suppositories, composed of acetat. plumbi, gr. x, extract opii. aquæ, gr. i, unguent hydrarg. ℈ i. M.

July 5.—Greatly improved; no bleeding for several days, and pain in breasts, which, when hæmorrhage was troublesome, had been urgent, no longer exists.

Diagnosis—Dysmenorrhea from uterine congestion.

July 19.—Examined to-day; os uteri much less patulous; it is now pale, and a transparent glairy mucus oozes from it; no hæmorrhage or pain for last three weeks; breasts still tender to pressure, but pain removed, partly by means of aconite and chloroform liniment, and gr. i of valerianate of zinc, ter in die; but mainly, no doubt, by the treatment directed to the uterus. Discharged this day.

With the assistance of my colleague, Dr. Cruise, the interior of the uterus was examined by means of his endoscope, by Drs. Churchill and William Stokes, jun., at a time when vascular congestion existed in a high degree.

There can be no doubt that the practical value of the endoscope was illustrated in this case, as without the use of it; although one might infer from the symptoms the condition of the interior of the womb, it would have been impossible to have the advantage of *ocular* demonstration of this, and to have directed local treatment with the eye.

September 13, '65.—I received a letter from Crolly's mother to-day, from Bolton, England, thanking me "for saving her daughter's life," etc., "after she had been treated to no effect in England."

I mention this letter, which was not in any way solicited, for the purpose of showing that up to that time the girl had continued well.—*Ibid, Clinical Records of Mater Misericordiæ Hospital.*

Correspondence.

Letter from Castleton, Indiana.

CASTLETON, MARION CO., IND., Dec. 4th, 1865.

DEAR LANCET:—Indiana is now what might be considered as convalescent from the severest attack of an ague she ever experienced. From the number of empty quinine bottles I see on my shelf, I am confident that I have thoroughly dosed them, if nothing more. I think from what I can learn, that quinine has been too indiscriminately used with us all in this vicinity in the past year. This has resulted from the fact that malarious disease has been the prevailing malady; and we have all had as much or more than we properly could attend to. So when called to the bedside, quinine was the first thing uppermost in our minds, and often prescribed without giving that amount of close examination the sick should have. I have tried many substitutes, and among the antiperiodics in general use have found Fowler's solution of arsenic to stand next to quinine. I think this valuable medicine is not generally used in large enough doses for an adult. I commence with from fifteen to twenty drops, repeated every two hours, until six doses are taken. In the absence of fever, I have found that it is not apt to produce any bad effect.

Another substitute that I have found to answer well is *Plantago Major*, or the common plantain root. My attention was called to this as an antiperiodic by its general use in several families as a domestic remedy. I was informed that, a strong decoction made of the roots of this plant was a cure for intermittents. I was induced to try it, and in this way found it so far to answer as well as quinine. I have not had an opportunity of trying this remedy as fully as I expect to. It would be fortunate to us all if we could find a substitute for quinine. Its exorbitant price has deprived the poor in many cases of its use. I therefore would suggest to my rural brethren to give the plantain a trial. The mode of preparation in which I have used it, is to take as many of the green roots as I could span in my hand, or about three ounces; put them into a quart of water, and simmer down to one pint, strain, sweeten, and drink the whole quantity during the course of twelve hours. You will find a description of this plant in the *U. S. Dispensatory*. It is there spoken of as having some antiperiodic properties, but so little is said about it that I doubt much as to whether it has ever been thoroughly tested in this country.

Dear Lancet, as you are aware, our excellent Governor, O. P. Morton, has quit his native soil for a more congenial atmosphere, that of Europe, upon the recommendation of his family physician, who asserts that his Excellency is suffering from paraplegia produced by over-mental excitement. This medical adviser, by the way, is a member of our State Senate, and he read to that honorable body a few days ago, a letter which he had transmitted to the Governor in relation to his physical condition. The Doctor said that he wished this letter to be spread on the pages of the Journal for the information of the profession and the rest of mankind in general. In looking over this report, the first thought that naturally presents itself is that the Doctor wishes all mankind to know that *he is the Governor's family physician*, and that upon *his* advice the Governor goes to Europe. 2nd. Is his *diagnosis* correct? Copland, who is high authority on this subject, says in enumerating the causes producing paraplegia, that it depends, 1st. On Concussion; 2nd. Laceration; 3rd. Pressure, or Irritation caused by Extravasated Blood; 4th. Pressure produced by Displaced Bone, etc., etc.; but *never* mentions "*over-mental excitement.*" Should his Excellency be suffering from paraplegia, would it be considered good treatment to send him on a long journey? I think the highest authority would say no. No doubt the Governor is suffering from partial paralysis, and this depending on over-mental labor producing disease of the brain, which may result in general paralysis.

We make the above remarks with no ill feeling toward the Doctor, but if he wishes to give information to the profession in relation to the Governor's sufferings, let him do it in a more legitimate manner—through the medical press.

Respectfully, J. I. R.

Letter from Brookville, Indiana.

BROOKVILLE, IND., Dec. 30, 1865.

DR. E. B. STEVENS—*Dear Sir:* I send you three specimens of annelida, which were ejected from the stomach of Mr. J. B., a citizen of Bartholomew County, Indiana, about the first of September, 1863. Being in bad health, he visited this neighborhood for the purpose of seeing friends and recruiting his strength. My friend, Dr. George Berry, saw him about two weeks before the attack which resulted in the ejection of the worms. At that time he was pale, complainéd of pain in the stomach, and had every appearance of a person laboring under malarial disease, and was prescribed for accordingly. Dr. Wallace saw him afterwards, and treated him for ague, under which he improved rapidly. But on the second of September whilst on a visit to Mr. Glidewell, he was taken with cholera morbus, and during the attack he frequently vomited the annelids, and in great numbers, all of which were alive, and the specimens which I send you lived for several days in a bottle of water. They were of all sizes, from the largest specimen sent to two or three inches. I think there can be but little doubt that they are what are vulgarly called "live horse hairs," *Gordius Aquaticus* of the naturalists.

I do not now recollect of having seen in any of the books a notice of the existence of these worms in the human stomach. From the variety in size and color, there can be but little doubt that many of them were reproduced in the stomach, where they flourished so well as to come to full maturity.

Mr. B. is a farmer, and in going to the fields in hot weather, carried his water with him in a jug, taking it from a spring in the neighborhood of a brook, which occasionally overflowed the spring. The brook had peppermint and other plants growing in it—just the kind of position where we most frequently findthe *Gordius aquaticus*.

This creature, so low in the scale of animal existence, is propagated by eggs, which the female takes great pains to preserve until hatched, by winding and threading her long body about them to preserve and keep them together; and the probability is that Mr. B. swallowed one of them with her eggs, as he might very readily do in drinking out of an opaque jug.

We frequently hear stories of persons vomiting up snakes and lizzards, but always with incredulity. Yet if the gordius can exist in a position so different from that of its natural habitat, it is possible that others of the lower orders of animals may become human parasites, besides those universally known to be such.

Should you consider this note of any interest to the profession, you are at liberty to publish it in the *Lancet and Observer.*

I should be glad to hear from you through the *Lancet*, or any other of our professional brethren, whether there is any other case of the kind among the records of the profession.

Yours very truly, Rufus Haymond, M.D.

[Accompanying the foregoing communication from Dr. Haymond, we received a specimen of the worms expelled. We have only observed this form of parasite in a few solitary instances. During the last year, Dr. Unsicker reported to the Academy of Medicine of this city the case of a child two or three years of age, which had voided one or more of these peculiar slender thread-like worms. He exhibited the specimen which is identical with these forwarded by Dr. Haymond. Dr. Unsicker regards them as the common "thread worm," unusually protracted in length; and in his case the child had had no opportunities for drinking spring water, or resort to any means for swallowing the undeveloped germ. We do not know of any work giving any account of these parasites.—Editor.]

Reviews and Notices.

Lectures on the Diseases of the Stomach, with an Introductory on its Anatomy and Physiology. By William Brinton, M.D., F.R.S., Physician to St. Thomas's Hospital. From the Second English Edition. Philadelphia: Lea & Blanchard. 1865.

So far as a general practitioner of medicine can give attention to one of its special departments, Dr. Brinton may be regarded as a specialist in Diseases of the Stomach. He tells us that he has devoted all his spare time in this field of inquiry for more than twenty years; his earliest special studies in this direction having been prompted by the death of a near relative suffering from a malady of this character.

Dr. Brinton has enjoyed excellent opportunities for the cultivation of his favorite studies from his connection with St. Thomas' Hospital. He has also laid a great variety of other resources under contribution. The result is the very mature volume before us, comprised in eight lectures upon the Anatomy, Physiology, Pathology and Therapeutics of Diseases of the Stomach.

The first edition was issued in 1858 and received the marked approbation of the Profession—English and American. The present embraces the further results of inquiry during this long lapse of time, and is the American reprint of the Second English Edition.

The volume as now issued is arranged in the Lecture form, as we have already remarked, preceded by an Introductory Chapter on the Anatomy and Physiology. Lecture I. treats of the symptoms of Gastric disease generally, such as pain, eructation, regurgitation, vomiting, hæmorrhage, and flatulence. Lecture II. is devoted to a review of the Morbid Anatomy—the circumstances connected with the examination of the stomach after death—these topics are considered under the heads of Gastritis, Catarrh of the Stomach, Hæmorrhagic Erosion, and Follicular Ulceration. Lecture III. is upon Ulcer of the Stomach. Lecture IV. on Cancer of the Stomach. Lecture V. treats of several affections of the Stomach, Cirrhotic Inflammation, Suppurative Linitis, Tumors, Hypertrophy, Atrophy, etc., etc. Lecture VI. treats of that *questio vexata*, Dyspepsia. These seven lectures constitute the work as first issued, the present edition adds Lectures VII. and VIII., respectively on Gastric Phthisis, and Gout in the Stomach.

As we do not at this time propose to enter upon a lengthy review of this book of Dr. Brinton's, we will close our notice with the following paragraph from Dr. Kidd, editor of the *Dublin Quarterly*, to which we give our unqualified endorsement:

"Our opinion of his philosophical work is very high. It is a repertory of most valuable information upon diseases of the stomach, worked out in no small degree by his own original ingenuity and research, and evidently the result of much and deep thought. Any one chapter of it would form a subject for a lengthened review. His book is a valuable accession to our medical literature."

For sale by Geo. S. Blanchard & Co. Price $3.25.

Lectures on Epilepsy, Pain, Paralysis, and certain other disorders of the Nervous System. By CHARLES BLAND RADCLIFFE, M D., Fellow of the Royal College of Physicians of London, Physician to the Westminster Hospital, etc., etc. Philadelphia: Lindsay & Blakiston. 1866.

The topics discussed in this little volume before us, convey us at once into the midst of the most abstruse and complex inquiries growing out of our incomplete knowledge of the brain and nervous system, and their diseased conditions. These lectures were originally delivered before the Royal College of Physicians; and the author, in his preface, reminds the reader that the present volume has been preceded by several small works, upon kindred matters. Thus in 1851 he published a small work on the "Philosophy of Vital Motion;" in 1861 a volume entitled "Epileptic and other Convulsive Affections of the Nervous System, their Pathology and Treatment." The present little work may fairly be presumed to embrace the matured opinions of our author, together with the chain of facts he may have accumulated to present as evidence.

One of the excellencies of Dr. Radcliffe is his style of treating his subjects; he succeeds in presenting his matter in a manner that is readily comprehensible—a very important consideration in discussions of so intricate a character. Upon this field of research—Epilepsy, Pain and Paralysis—much of the labor and learning of our most ingenious and persevering authorities has been devoted during recent times. Brown Sequard's name will long he associated with these investigations into the certain nature of these nervous affections, and the contributions of Dr. Radcliffe are in the same direction.

One of the prominent inquiries, running through the thread of these Lectures, is the determination of the character of the nervous influence, or current, which our author seems to regard as essentially electrical. Growing out of and greatly dependent on this view, we find his pathological ideas of all the affections, spasm, pain, etc., considered by him; and so too, there is evidently a color given to his Therapeutics.

The book, however, is one of great interest, and is really a contribution to this department of our study. It will hence be acceptable to the philosophical inquirer, and find a place in his library.

For sale by R. W. Carroll & Co. Price $2.25.

Wakefulness; with an Introductory Chapter on the Physiology of Sleep. By WILLIAM A. HAMMOND, M.D., late Surgeon-General of the United States Army, late Professor in the University of Maryland. Author of Physiological Memoirs, Treatise on Hygiene, etc , etc , etc. Philadelphia: J. B. Lippincott & Co. 1866.

The principal portion of this little monograph on wakefulness originally appeared in the *New York Journal of Medicine* in the numbers for May and June, 1865, the papers bearing the title "On Sleep and Insomnia." The reprint is materially amplified and somewhat matured. It is now arranged in four chapters as follows—Physiology of Sleep, Pathology of Wakefulness, Exciting Causes of Wakefulness, The Treatment of Wakefulness. The volume is tastefully gotten up, and is gracefully dedicated by the author to Dr. J. H. Douglass, of New York, who is styled "one of the most accomplished of physicians, best of men, and truest of friends."

For sale by Robt. Clarke & Co. Price $1.00.

Editor's Table.

The Medical and Surgical History of the Rebellion.—The late Surgeon-General of the United States issued at one time a "Circular No. 6." which in its day was somewhat famous, and about which we had somewhat to say. We have just received Circular No. 6. of Surgeon-General Barnes, which is certainly far more palatable and readable to the scientific physician. It is a report issued for "the information of medical officers," of the progress which has been made in collecting and arranging the Medical and Surgical History of the Rebellion. It is a large quarto volume of 166 pages, giving a surgical summary by Br. Lieut. Col. George A. Otis, U.S.V., and a medical summary by Br. Major J. J. Woodward, U.S.A. These reports explain the vast amount of work already done toward the arranging these memoirs, and in doing so exhibit to us incidentally some of the character of valuable and interesting contributions we may expect in due time. Circular No. 6 is enriched with a large number of wood cut illustrations and well executed lithographs. We lay down this Circular from its perusal with the feeling that despite the severe criticism of some of our cotemporaries, that we can afford to await the result of the judicious laborers now engaged upon this work, rather than indiscriminately throw open this ill-digested material for the ransacking of book makers.

We find the following interesting abstract of the introductory chapter in the *Boston Medical and Surgical Journal*, which we copy entire for the information of our readers.

United States Army Surgical Reports.—The Surgeon-General has just published Circular Number Six for the information of the medical officers of the army. The circular comprises reports from Brevet Lieutenant-Colonel George A Otis, U. S. Volunteers, having charge of the surgical, and Brevet Major J. J. Woodward, U. S. Army, having charge of the medical history of the rebellion. From the surgical report it appears that complete registers of the wounded are in course of preparation, in which over eighty-seven thousand cases of wounds and seventeen thousand surgical operations have been recorded up to September, 1865, the work of registration being still very far from complete. The material collected is enormous, and embraces a mass of facts which on many subjects exceed in number and value all previous observations in this field.

In the late war the monthly reports from a little more than half the regiments in the field, give for the year ending June 30, 1862, an aggregate of 17,496 gun-shot wounds. The reports from rather more than three-fourths of the regiments for the year ending June 30, 1863, give a total of 55,974 gun-shot wounds. The battle-field lists of wounded for the years 1864–66, include over 114,000 names.

The surgical specimens of the Army Medical Museum number 5480, and not only in specimens of recent injuries, but in illustration of reparative processes after injury, of morbid processes, of the results of operations and of surgical apparatus and appliances, this institution is richer, numerically at least, than the medico-military museums of France or Great Britain.

The medical staff that served in the late war was composed of a Surgeon-General, one Assistant Surgeon-General and Medical Inspector-General, 16 medical inspectors, 170 surgeons and assistant surgeons of the regular army, 362 volunteer staff surgeons and assistant surgeons, 3000 regimental surgeons and assistant surgeons of volunteers, 2500 acting assistant surgeons, or physicians serving under contract, and six medical storekeepers.

The second report, by Major Woodward, contains an outline of the material collected for the medical branch of the history. It embraces all the information possible with regard to the sickness and mortality of the army during the war, and especially whatever related to the nature and causes of those afflictions which were the chief occasion of death and disability. The mortality from disease alone was forty-eight and seven-tenths per one thousand of mean strength for the first years of the war, and sixty-five and two-tenths for the second. The total number of deaths from disease reported for the first year was 14,183, and 42,010 for the second. These figures do not include those who died while absent as prisoners of war or having been discharged the service for disability. The number constantly sick was about ten per cent. of the strength. The total number of cases treated by the medical department, including wounds and injuries, was 878,918 during the first year, and 171,183 during the second The most fatal disease was camp fever, of which there were 213,260 cases, and 19,459 deaths, during the two years. Next come diarrhœa and dysentery, 725,675 cases 11,560 deaths. Then inflammation of the respiratory organs, 304,283, cases and 8090 deaths. Venereal diseases were much less frequent than the experience of other armies would have led us to expect, still eighty-four men in every thousand suffered during the first year, and sixty-five during the second—the total number of cases being over thirty-nine thousand. Twenty-eight thousand six hundred and twenty discharges for disability were reported during the first year, or about nine per cent. of the strength of the army.

It appears that at the medium there were 202 general hospitals, with 136 894 beds for patients. During the war over a million patients were treated in these, of whom but one in twelve died. Dr. Woodward says, never before in the history of the world has the mortality in military hospitals been so small, and never have such establishments so completely escaped from diseases generated within their walls. Complete reports for the first year of the war from troops in the field and in garrison, represent an average strength constantly present during the year of 281,117 men; in hospital constantly present, 9759 men; total, 290,936, among whom were 14,183 deaths from disease. The number of deaths recorded is much less than the real number, as it does not include prisoners of war and other absentees. For the second year in field and garrison, 598,821; in hospital, 45,687; total, 544,508; of whom there were 42,010 deaths from disease. These mortality rates from disease are much smaller than is usual with armies in a time of war, and are much less than those of the allied armies in the Crimea, or of our own army in the Mexican war. The proportion of deaths from disease for the third and fourth years was rather diminished.—*Despatch to Daily Advertiser.*

The Ohio State Medical Society and *Dr. John P. Gruwell.*—We feel constrained to occupy some space with a few remarks upon this chronic professional trouble. In a report of the Transactions of the Ohio State Medical Society for 1865, published in this journal, the action of the Society in expelling Dr. Gruwell is placed on record. Dr. Gruwell thinks the publication of his name in that connection does him injustice, and requested the privilege of making a statement of facts in his own exculpation. We assented to this, but the Doctor has forwarded to us a voluminous manuscript which would fill at least fifteen pages of this journal. To spare the room is simply out of the question, but that Dr. Gruwell may have no just cause of complaint, we will endeavor to give the points he has amplified in a few brief, condensed paragraphs.

1st. The State Society conducted the original investigation of 1864 with undue partiality against him; but he had purposed, nevertheless, to abide by it.

2nd. Immediately or shortly after the adjournment, however, he found that through the influence of his accusers, he was placed under the ban of professional intercourse, and smarting under this ungenerous treatment he wrote the letters complained of and quoted in the Transactions, but the language of which he claims was almost in toto a quotation from a letter of Dr. Robertson, simply reversing the application.

3rd. That the State Society in its final action was unjust in giving him no opportunity for a defence or explanation of the matters *specially* complained of.

4th. That this whole matter is one of personal difficulty between himself and his accusers for a whole professional lifetime of more than twenty years.

Interwoven with these points are a number of minor ones—explanatory and historical—the chief drift, however, of the whole as we gather it, being embraced in the 4th point (as we condense) in which Dr. Gruwell claims that for near a quarter of a century he has been the constant object of personal persecution—a determination to "crush him out" etc., etc., in all of which he professes not only to have been passive, but steadfastly and persistently desirous of compromise, explanation and friendly relations with these gentlemen. We believe we have thus in a few words condensed the essential points of a very lengthy communication. We do not think this is a proper place for discussing the merits of this controversy. If Dr. Gruwell has been dealt with unkindly or unjustly in the legislation of the State Society, he should "protest" and give his argument and facts to that body. We can not, therefore, open up our columns for controversy, nor have we any disposition to take sides or express any opinion as Journalists therein. We admit this much of Dr. Gruwell's defence simply because he thinks the publication of that portion of the Transactions which refers to him does him injustice and injures him professionally.

The Lancet and Observer enters upon its new year with most gratifying prosperity. Its cash receipts for thus far in the year are in advance of any previous year, as its circulation is now the largest it has ever been. We take this occasion to express our sincere thanks to our friends every where for their efforts in our behalf in procuring and forwarding new subscribers. We are confident that there are very many points all over the country where physicians do not take any medical journal, and a little systematic effort would add a large percentage to our list without infringing upon the legitimate territory of any other medical publication. Will our friends continue their good offices.

—— *Shall the edges be cut or uncut?* We greatly prefer for our own use that a periodical shall come to us without cutting the edges It greatly protects the numbers for future binding, besides small as this matter seems, cut or uncut, makes a difference in time of mailing of from one to three days. We shall, however, be governed by the preference of our subscribers, and if there appears to be any material wish to return to the custom of trimming the border, we shall so direct.

The New Jersey State Medical Society held its Centennary Anniversary at New Brunswick, on the 25th ult. We notice at a meeting of the Mercer County Medical Society at Trenton, the name of Dr. Conover recently on duty in this city in a Military Hospital, as amongst its delegates to the Centenary.

NEW JOURNALS.—*The Cincinnati Journal of Medicine*, edited by George C. Blackman, M.D., Theophilus Parvin, M.D., and Roberts Bartholow, M.D., severally Professors of Surgery, Materia Medica and Chemistry in the Medical College of Ohio. The first number of this new candidate for professional regard is before us. The leading articles are by the editors. "On Colotomy," by Prof. Blackman; "A Clinical Lecture on Pelvic Cellulitis," by Prof. Parvin; and "On Spermatorrhœa," by Prof. Bartholow. It has a good variety, and is tastefully gotten up, containing 48 pages, monthly, for $2.00 a year. Of the necessity of additional medical journals in this valley, others must judge; but there is a great deal of work to do in this field, and if our neighbors can labor to better advantage in this way, then we wish for them—patience and reward.

The Richmond Medical Journal for January, has reached us. It is a monthly of 80 pages, edited by Drs. Gaillard and McChesney, at $5.00 a year. It has several good articles in the original department, judicious selections, and its editorial spirit is of the true ring.

The Medical Record is to be the title of the new semi-monthly journal already announced as about to be established by Wm. Wood & Co. in New York, with Dr. Geo. F. Shrady as editor. Its regular issue will begin with March 1st, and be published on the 1st and 15th of each month, at $4.00 a year.

The Atlanta Medical and Surgical Journal will be revived immediately. Drs. J. G. and W. F. Westmoreland, editors, at $5 00 a year. Thus it will be seen nearly all our old exchanges of the South will soon be revived again, and to them all we extend our sincere greetings.

Several other new enterprises are semi-officially rumored, one by Dr. Thacker, of this city; and, as we hear, our Indianapolis friends are contemplating the establishing of a new journal.

Corrections.—In the article on *Diphtheria*, by Dr. Browning, page 13, January number, the types read ℞ "Chl. Potassa ʒi—℥ij or ℞ Chlor. Potassa and Sacch. Alb aa ℥i—℥ij." It should be "℞ Chlor. Potassa ʒi—ʒij or ℞ Chlor. Potassa Sacch alb. aa. ʒi—ʒij."

—— In a Report of the Academy of Medicine, pages 32 and 33, Prof. Richardson speaks of cases of Cholera occurring in his practice in the year 1846, while practicing in "*Summit County*" it should have been "*Trumbull County.*"

To Contributors.—Several valuable papers are received and on file for insertion, as soon as we can find space, consistent with variety. We have articles from Drs. J. R. Wiest, R. E. Haughton, T. S. Basye and W. T. Cleland. The discussions of the Academy of Medicine of this city have, for a number of successive meetings, been devoted to the Nature and Treatment of *Cholera.* We are publishing this discussion as fast as our space will permit. Some lengthy and excellent practical papers from this source are still on hand. We welcome mature articles from all our friends, and hope to hear from them regularly.

Prof. Daniel Brainard.—As we learn from the Chicago *Medical Examiner*, Dr. Brainard, well known as Professor of Surgery in the Rush Medical College of Chicago, has gone to Europe, where it is understood he proposes to remain with his family for several years.

Ohio Dental College.—This Institution is enjoying a high degree of prosperity this winter. It has a class of about forty, which we suppose to be one of the largest dental classes ever assembled in this country. A meeting of stockholders of the College Association is called for 20th of February at the College, to consider matters of importance to the Institution.

——We clip the following paragraph, noticing the New York Journal Association from a New York letter to the *Richmond Medical Journal.* Cincinnati readers will be reminded of a similar enterprise inaugurated by the late Dr. Drake, but unhappily suffered to expire prematurely.

"Another association of local interest here, but of important bearing upon the interests of our profession, is the "New York Medical Journal Association," which, though of but recent origin, promises success in the promotion of social intercourse, as well as in the advancement of science and literature, among us. It now numbers over one hundred members, made such by the annual payment of ten dollars. A reading room has been provided in the central part of the city, which has been appropriately furnished, and is kept warmed throughout the day and evening, and lighted in the evening, to which members can resort for the perusal of journals of medicine kept there for that purpose, and where medical friends from other places can be introduced. It is intended to have on the tables the medical periodical literature of the world, so far as it can be reached, and when the funds of the Association will warrant it, which they promise soon to do. It is also the intention of the Trustees to extend the collection so as to embrace valuable monographs on medical subjects.

"A novel feature just introduced in connection with this Association, and one likely to aid in advancing its interests, and thus extending its usefulness, is a "Reunion' of its members, with a number of invited guests from among those of the profession most favorable to such enterprises, which took place this week at the room of the Association, on the corner of Broadway and Twenty-Second street. Manufacturers of surgical and other professional instruments were invited to bring anything new in their line, and the result was that two large tables were covered with instruments of various kinds. The endoscope, an instrument recently invented by Dr. Desormeaux, of Paris, for the purpose of investigating, by actual inspection, diseases of the urethra and of the inside of the bladder itself, and which is now used by several of our practitioners here, and with apparently satisfactory results, and which promises literally to throw light on parts heretofore entirely hidden from view, was exhibited in its different modifications by Dr. Bumstead, who described its objects and its uses; and also a lamp recently contrived by Cruise, of Dublin, for furnishing a steady and powerful light for its use. There was also an improved form of the laryngoscope, and a variety of instruments which we have not space to enumerate, but which attracted much attention and occupied the time of those present during the greater part of the evening.

Literary Men and Doctors.—It is pleasant to record the fact that nearly every literary man and woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labors without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M.D. Unfortunately I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously. "Well, I suppose I am," was the answer; "but let me tell this fact to *you*. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician Providence sent to Thomas Hood.—S. C. HALT's *Biography of T. Hood.*

Hospital Gangrene.—We find the following note of experience by Dr. Norton of this city in a recent number of the *Buffalo Medical Journal.*

"My own experience was that the first and most important thing to be attended to was a full support of the vital forces by stimulants and good nourishment, and when erysipelas or gangrene began to make its appearance, it was often arrested by the use of tinct. ferri chloridi, used internally, either alone or combined with quinine; when the patient was emaciated, tongue dry, and tending to a typhoid condition. the quinine combined with the iron seemed to have a most salutary influence in arresting the threatening trouble. In many of the hospitals, and in fact nearly all of which I could learn in this department, hospital gangrene did not make its appearance to any great extent until after the second year, which would seem to indicate that the cause was cumulative, or the result of continuing for sometime in one place, and the fact that changing the patients to new wards or tents out of doors with decided advantage, which was often done, would go far to prove that the subtle influence accumulated in wards long used for wounds, in spite of the most careful attention to cleanliness. The cases of hospital gangrene, of a formidable character, first made their appearance at the Washington Park Hospital, in this city, amongst the wounded from the battle of Stone River, in January, 1863, and we were seldom without them until the close of the hospital in May, 1865.

In the local treatment I used at different times the various popular caustics, but they often failed. The bromine did not give us the satisfaction promised, although carefully applied under the direction of its champion, Dr. Goldsmith. The nitric acid also often failed to arrest the disease, but the actual cautery in the most severe cases always arrested the trouble after the third or fourth application, and with much less suffering to the patient. It was our practice always to put the patient under the influence of chloroform, and apply the cautery freely to the edges of the wound as the diseased action seemed to confine itself to the adipose tissue, and then apply an anodyne poultice until the deceased parts sloughed off, after which it was treated as a simple ulcer. I regard the actual cautery as by far the most valuable escharotic and perfectly safe in the hands of the judicious surgeon, of anything now within our knowledge, and since the days of chloroform, like the knife, it is divested of much of its formidable character. Yours, O. D. NORTON."

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Too late for insertion in the proper Department, we have received the following Proceedings of the Wayne County, Indiana Medical Society. We dislike to defer their publication for so long a time as until our next issue, and therefore let them have a place in our editorial.—ED. L. & O.

Proceedings of the Wayne Co., Ind., Medical Society.

Reported by W. P. WARING, M.D., Secretary.

JANUARY 4th, 1866.

The Society met at 10 o'clock, A. M., and was called to order by the President, Dr. V. Kersey. The regular preliminary business of the meeting was gone through with. Drs. Ferris and West were present, and admitted as members by virtue of their connection in times past with the Wayne County Medical Association.

The Censors recommended for membership Dr. Edwin Hadly, who was unanimously elected. Dr. Pennington presented the name of Dr. Bradbury as an applicant for membership.

The regular report on Meteorology from John Valentine was received, and the Secretary instructed to have it published in our city papers. Dr. Hibberd, Committee on New Diseases and New Remedies, read a lengthy and interesting report, which was fully discussed and a motion made to publish it; but, on account of objections offered by the Committee, the motion was lost and the report ordered to be filed with the papers of the Society.

The Doctor commenced his report by stating that his reading and observation the past year had not presented a case of New Disease, and that consequently his whole duty related to New Remedies, which, strictly speaking, included those added to the Materia Medica, but he would give the law creating the Committee a wider interpretation, so that a pertinent function shall be for it, to treat of all new methods of curing or preventing disease, and also all new plans for the management of those who apply to the physician for professional assistance. No matter whether these methods and plans are new or old, so that they have a fresh or unusual application. Neither would he confine himself to an approving notice of successful plans and remedies, but considered it equally his duty to speak in terms of condemnation of wrong methods and unsuccessful remedies. The report includes very full and accurate quotations from our journals of the past year, of their notices of New Remedies. The comments of the Committee on several points are of interest, a few of which we will notice.

The Committee thinks that the conclusions of Prof. Pollie and others in regard to the value of the sulphites in zymosis, are not well founded; and that until Prof. Bartholow's experiments and manipulations are shown to be fallacious, his deductions must stand as acknowledged truths. In alluding to the expectant treatment of Pneumonia, the Committee expressed a hope that the Profession is slowly, but surely coming to appreciate the great saving fact, that the general rule is, that nearly all acute inflammations tend naturally to recovery, and that all greatly perturbating remedies and seriously depressing agencies of whatever character are impediments and stumbling-blocks to the rapid and complete restoration to health,

The Use of Glue in Preparing Fixed Bandages for Fractured Limbs.—In connection with this subject, the Committee expressed its firm conviction, that sooner or later, fixed dressings for fractured limbs, that can be moulded neatly to the surface, and make substantial support without undue pressure, will supersede entirely, those cumbersome and unadjustable pieces of wood that have so long been in such general use. Already we have very good material for those dressings in Plaster of Paris and Starch, but there are some objections to each, that possibly may not exist in Glue. The Committee thinks ill adapted apparatus, tightly applied, under the erroneous idea that the fractured bones must be kept absolutely still, has done much, very much, to lessen the success that should attend the treatment of *broken bones.*

The Sulphite of Soda in Erysipelas.—If we do not find any case cured in forty-eight hours, as reported, we may certainly learn that the disease may be successfully managed by local applications, much less disturbing to the patient than Bromine, Iodine, Nitrate of Silver, etc. In connection with the reported value of the inhalation of Lime Water in Membranous Croup, The Committee remarks: The treatment of true pseudo Membranous Croup, as laid down in our Text Books, is decidedly unsatisfactory. Viewed in the light of our present attainments in Medical Science, it seems to the Committee very much like adding the effects of some of the destructive agents of the Pharmacopœia to the destructive tendencies of the malady. If then the vapor of Lime Water should be instrumental in arresting in whole, or in part, whatever may be wrong in the current management of Croup, it will have a negative value at least.

In concluding, the Committee quotes from the *American Journal of Medical Sciences*, for October, 1865, extracts from an Address by Dr. Olham, President of the Obstetrical Society of London, on the management of Puerperal Women, commending it to the members of our Society as containing both sound science and good practical sense.

In the midst of the discussion of the report, a motion to ad ourn until half past one o'clock was carried.

At the opening of the afternoon session, the discussion on Dr. Hibberd's report was completed.

Dr. Haughton, Committee on Obstetricy, read a report which had been deferred at a previous meeting owing to the absence of the Committee

The report called up a number of interesting points, but as it was ordered published, we will not reproduce them here, except so far as it may be necessary to connect the remarks which followed.

The Committee reports having used forceps twenty times in an obstetrical practice amounting to five hundred cases, thinks the suffering of the mother and the danger both to h r and her child have been lessened in those cases by resort to such means.

Dr. Francisco has been practicing twenty-four years, thinks his obstetrical cases would number more than five hundred, but has not met with more than three which would justify instrumental interference.

Dr. Hibberd thinks, according to his observation, the obstetrical practice in this city and vicinity does not present more than one case in one hundred, which will justify instrumental means for relief.

Dr. Pennington thinks a prompt dose of morphine combined with tart. antimony, much more efficient in dilating a rigid os uteri, than the manipulations with the finger proposed by the Committee.

After some further discussion by different members, on motion of Dr. Hamman, the Committee was requested to prepare a copy of the report for publication.

Dr. E. Hadley was appointed a Committee on New Diseases and New Remedies, to report at our next January meeting.

The essayist and alternate both being absent, Dr. Weist was appointed essayist, and Dr. Hobbs alternate.

Voluntary papers being called for, Dr. Wiest read an elaborate and interesting paper on the repair and reproduction of bone. He referred to the various opinions assumed and held by Pathologists in regard to this important process, and in conclusion, satisfactorily established the points aimed at, viz., that it is the periosteum which produces the osseous structures, that it will almost always do i under favorable circumstances, and that in all operations where we wish bone reproduced it is of paramount importance to preserve intact every particle of this membrane. As this paper will most likely find its way into some of our journals, I will not attempt any further notice of it here.

On motion of Dr. Waring, the Society adjourned, to meet the first Thursday in April. W. P. Waring, Secretary.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Letter from A. D. Williams, M.D.

VIENNA, AUSTRIA, Nov. 6, 1865.

DEAR UNCLE: I shall commence this letter with some practical remarks on secondary cataract in children. Every operator knows the dangers to the iris and the ciliary body, as well as the risk of escape of vitreous humor, in the extraction of secondary cataracts, especially from the eyes of children. The tough, thickened capsule, containing often still some lens substance, with perhaps adhesions to the iris, that remains so frequently after all operations for lenticular cataract, or it may be, after spontaneous absorption of the lens, is by no means so safely and easily removed, as many seem to think. The traction necessary to detach it from its different connections, is liable to rupture the hyaloid membrane and lead to loss of vitreous—or to tear or otherwise injure, the iris or ciliary body, and thus give rise to dangerous inflammatory reaction. Between the posterior capsule and the hyaloid membrane, there are natural, intimate connections which, in a normal condition, can not be readily detached, if at all. If the anterior and posterior halves of the capsule come in contact and agglutinate to one another, as well as adhering more intimately with the hyaloid, the latter is torn in the extraction, and the vitreous behind it is liable to escape. But the greatest danger is to the ciliary body, between which and the capsule, there is a direct connection through the zone of Zinn, or suspensory ligament of the lens. This connection, in extraction, of course must be severed. The violence done by this traction is greatly feared by the Vienna School of Ophthalmology.

In view of these dangers, and to avoid them as much as possible, Prof. Arlt concluded to *depress* the secondary cataracts of two children, between eighteen months and two years old, who were brought to the Clinic a few days ago. The results, so far as could be then judged, were very satisfactory. The depressions were effected by the usual method for couching lenticular cataract. The after treatment consisted simply in bandaging the eyes for a couple of days. No reaction whatever followed the operations—the pupils were perfectly black, and their vision was, to all appearance, as perfect as it can be when the lens is destroyed. The children were discharged in a few days from the hospital. I have given the treatment of these cases, not because I think depression preferable to other modes of operating for secondary cataract, but because it was new to me, and I am simply communicating what I see in Vienna. About the same time the Professor *extracted* secondary cataracts from the eyes of a girl about fourteen years of age. In one eye, the result was very good. In the other iridochoroiditis followed, and the eye was lost—as was supposed, in consequence of the irritation of the sensitive iris and corpus ciliare by the traction.

THE OPHTHALMOMETER.

This complicated and ingenious instrument is the invention of Helmholtz, the celebrated physiologist, and originator of the ophthalmoscope. Without the aid of drawings and illustrations, it would be impossible for me to explain the principles of its construction. Even with the instrument before you, it is difficult to understand the descriptions given of it in books. I shall content myself, therefore, with a brief exposition of its objects and uses. In few words, it is an apparatus for the accurate measurement of images, as of a candle or lamp, reflected from the cornea and the crystalline lens. As the size of the images reflected from these surfaces, varies with the radius of curvature of the same, if we can measure those images, we ascertain respectively the degree of convexity or concavity of the surfaces from which they are formed. Between the two, there is a direct proportion. Therefore the smaller the radius of curvature of the cornea or lens-surfaces, the smaller will be the images. If one holds a strong double convex lens in a proper position before a lamp, two images of the light will be distinctly seen—one larger and erect, behind the lens, the other smaller and inverted, in front of it. The one that appears behind and erect, is reflected from the anterior surface, while the other in front, and smaller and inverted, is reflected from the posterior concave surface of the lens—or rather from the concave surface of air at the back of the lens. If a strong double concave lens is held in the same situation, the relative size and position of the images will be reversed. Taking advantage of the well known principles of diaptrics involved in the explanation of these phenomena, Helmholz constructed his famous ophthalmometer by which he measured and calculated with mathematical precision, the convexities of the cornea and the crystalline lens under different circumstances. His object was to ascertain what is the exact change in the eye, that adjusts it for vision at different distances. This question in physiological optics, had been discussed with great interest and warmth for centuries, by philosophers, physiologists and physicians, but was still as far from being settled as ever. Young, of England, advanced the idea, (suggested, however, I believe before him) purely on theoretical grounds, that accommodation is effected by *changes in the shape* of the lens. Others thought the lens was actually moved farther from or nearer to the retina as in microscopes and other optical instruments, without any change of form. Still another theory which counted, for a long time, the most advocates, was that the shape of the exterior of the globe was altered, by an elongation of its antero-posterior diameter through the pressure of the muscles of rotation. They supposed that the eye was constructed by nature so as to see distant objects distinctly, and only needed to be accommodated for near objects by this elongation of the axis of vision through contraction of the external muscles. Helmholtz by his exact measurements of the image reflected from the cornea when the eye is at rest, and when in active accommodation for a near point, found that its *convexity does not change at all*. Hence this theory of a change in the external configuration of the globe, was proven to be false. He then made careful observations upon the images reflected from the two surfaces of the crystalline lens, and found that *they did vary in size and position*, according as the eye accommodated for near objects or relaxed for distance. During the act of adjustment for a near point the lens becomes more convex, thicker in its axis, and its anterior surface approaches the cornea. It was also established by his experiments that while the pupil contracts and its *plane advances* toward the cornea, pushed forward by the increasing convexity of the lens, in accommodation for near points, the *periphery of the iris recedes*. He ascertained that the greatest change occurred in the size and position of the image reflected from the anterior surface of the lens, while that from the posterior altered but little. The great *fact* then as to what accommodation is—a *change in the shape of the lens*, the *exterior* of the eye remaining *unaltered*—was proved, only some twelve years ago, by Helmholtz through the aid of this wonderfully accurate and ingenious instrument, which he calls the ophthalmometer. The *mechanism* of accommodation—*how* this change in the form of the lens is effected, is still undetermined. That the voluntary power to alter the shape of the lens, rests in the *ciliary muscle*, is admitted now by all; but observers are not agreed as to how this muscle acts on the lens. I will not now enumerate the different theories, and views of the anatomical relations of these organs that have been advanced.

A few weeks since, a woman presented herself at the Clinic, whose case afforded a phenomenon of considerable physiological interest. She was a middle-aged woman, not only totally blind, but without the power to perceive light, as a careful examination showed. Day and night were equally the blackness of darkness to her, and yet her *pupils reacted* quite promptly under different degrees of light. This fact induced Prof. Arlt to admit her to the hospital for treatment. From the lively response of the pupils to sudden alterations of lights and shadows, he thought the power of vision was not completely destroyed. The "unction cure" was prescribed and has now been kept up for three weeks, without the least improvement in her quantitative perception of light. The activity of the pupils, particularly that of the right, under the stimulus of light still continues the same. She has atrophy of the optic nerves, indicative most probably, of organic disease of the brain. It has long been, and still is the opinion of most physiologists, that the *reflex* actions of the pupils depend directly upon different intensities of light, that is, upon its perception in different degrees. But here is a case in which there is no perception at all, and yet the pupils respond to light. It seems from this that there are at least exceptions to the general rule, if indeed the whole theory may not be incorrect. That there may be action of the pupil without perception of light, has been known to Prof. Arlt, as he said in his remarks on this case, for some time. As it is the *first* case of the kind I have ever seen, I thought it worth mentioning.

MEASURER OF REFRACTION.

Dr. A. Vongraefe has lately invented an instrument which is intended to measure the refraction of the eye, and thus determine, as it were by machinery, the degree of Myopia or Hypermetropia that may be present in any given case. The fundamental principle of the apparatus depends upon the law of neutralization of convex and concave lenses. If two glasses of equal strength, the one positive and the other negative, are combined, they neutralize each other and have no more effect than a plain glass. If the concave lens, however, is next to the eye, and the convex one is moved farther from it, in the direction of the object, it will be seen that the object is rapidly magnified. If the position of the glasses be reversed, the reverse effect will be observed, that is, a diminution of the apparent size of the object as the concave lens is moved towards it. Upon this fact is based the construction of the "Refractions messer." The instrument consists of two brass tubes, about 12 inches long of different sizes, so that the one can be placed within the other, and made to slide in and out by a screw. Thus arranged, they are mounted on a small tripod, for convenience. One end of the tube which is placed next the eye, is called the eye-end, and the other the object-end. In the ocular end of the inner tube is placed a convex lens of any convenient strength. A brass bar, about 2 inches long, and half an inch broad, is attached to the same end of the external tube so as to stand horizontally, and admit of being moved to the right or left. In this bar are placed three concave lenses, one in each extremity, and one in the middle. The latter has the same strength negative, as the one in the internal tube, has positive. The other two are of different foci, but both still more negative than the middle one. The bar is so placed that the central glass stands directly opposite the lens in the ocular end of the inner tube, so that the two neutralize each other. If a person with *emmetropic* eyes (that is with *normal refraction*) now looks through the instrument at any object, previously arranged, as large letters, No. 20 of Snellen's Scale, at about twenty feet distance, they will appear distinct and of their natural size. Then by turning the screw and projecting the inner cylinder, the convex lens is moved gradually from the eye and the concave lens in the bar just before it. The letters will be rapidly magnified as it moves farther and farther, till finally, the state of accommodation being no longer sufficiently under control to adapt itself to the rapidly magnifying effect, they will grow dim and finally disappear entirely.

Suppose now that a hypermetropic person looks through the instrument, restored to its first position again. At first he will not see the letters sharply, because his eye, in the relaxed condition, is adapted to convergent rays of light. As the screw is turned, and the magnifying process begins he will see *better* and *better* until at a certain point the letters are *perfectly distinct.* After this, if the screw is turned more, the letters grow dimmer and finally disappear, as they did in the emmetropic person. At the moment when the letters appear perfectly sharp and clear, the magnifying power of the receding lens has corrected or *measured* his hypermetropia, and he has as good vision as such persons can have. At the point where he sees the best, the observation is stopped, and the degree of Hypermetropia is read off from a scale on the moveable tube. In this way, we can not only ascertain, in a very few seconds, whether such an anomaly of refraction exists, but measure its degree. To examine a myopia patient, we shove the brass bar to the right or to the left, till one of the extreme lenses is in front of the glass in the inner cylinder. If we have to do with a high degree of myopia the stronger concave is used, if with only a moderate one, the weaker glass. Both of these, it will be remembered, are stronger negatives than the one in the tube is positive. Should an emmetropic eye now look through the instrument, he will see the letters smaller than natural, because the negative glass predominates. If the screw be again turned and the convex gradually removed from the concave lens, he will see better and better till it reaches a point where he sees with perfect distinctness. Here the magnifying effect of the moving convex lens, has overcome the other so that both are equivalent to a plain glass, through which a natural eye sees perfectly. Now let a myopic individual look through it in this same position, and he does not see the letters clearly because his farthest point of distinct vision is nearer than twenty feet. If however, we turn the screw in the opposite direction, the glasses approach each other, and he sees clearer and clearer, till, at a given point, the letters appear in their natural clearness, or at least as distinctly as he is capable of seeing. We here stop and read off the degree of his myopia as before. If we turn the screw farther in the same direction the vision grows imperfect and we have more than overcome his myopia, in approximating the lenses. There are two scales cut on the internal tube, corresponding to the two opposite conditions of myopia and hypermetropia. In connection with the instrument is likewise an interesting arrangement, by which the presence and degree of *astigmatism* may also be ascertained. It consists of a round cap which fits nearly over the ocular end of the tube, and in which is cut a narrow slit, in length corresponding to the diameter of the sliding cylinder. It is only necessary to turn this slit in to the vertical, horizontal, or any of the other meridians, in order to determine if astigmatism is present, and in which meridian the anomaly exists. It is well known that this different refraction in the different meridians, is nearly always associated either with H or M— hence it is called *astigmatismus hypermetropicus* or *myopicus*, as the case may be. It is impossible to ascertain the H or M and the the astigmatism, with glasses alone, at the same time. The combination of all these in this instrument, constitutes its great advantage. First the H or the M, and then the Astigmatism are made out, and the diagnosis is complete. It remains only to prescribe, the proper positive, negative or cylindrical glasses to correct the anomaly or anomilies of refraction, as the case may be.

RETINAL DETACHMENT OPERATION AND RESULT.

A young man 21 years old, apparently in good health, presented himself sometime since, complaining of being blind, or nearly so, in one eye. He could see a little in the lower portion of the field of vision, but was completely blind in the upper and inner segment. It was immediately suspected that the whole lower and outer portion of the retina was detached from choroid by fluid. The opthalmoscope confirmed this suspicion, and revealed the exact boundaries of the detachment, which corresponded to the part of the field of vision obscured. The separation was very extensive, invading more than half of the retina, inclusive of the macula lutea, and was attributed by the patient to a *bad cold.* He was admitted to the hospital for an operation. Two days afterwards the sclerotica was punctured with a fine needle, and the retinal sac lacerated, so that the effused serous fluid could diffuse itself through the vitrous humor, and be absorbed, allowing the retina to return to its position in contact with the choroid. The needle pierced the sclerotic at the lower and outer part, about three or four lines from the margin of the cornea, but in front of the anterior boundary of the retina detachment. After it passed through the sclerotic and choroid and retina, the point was turned backwards so as to pierce the retinal sac. The Professor *endeavored* to make a crucial incision in the retinal pouch, but whether he did, is not known. At all events he punctured the sac. The eye was now bound up and the patient kept in bed for several days. No reaction worth naming, occurred, and no inconvenience to the patient, except occasional nausea when the eye was opened.

As soon as the tenderness of the eye would admit of it, an ophthalmoscopic examination was made, but no *cut* could ever be detected in the retina. This membrane presented an irregular folded appearance where the detachment had existed. In about ten days after the operation, the sight began to improve, and continued to gain slowly till he was discharged a few days ago, as *cured.* Before the operation he could not read any kind of print with that eye. When he was discharged, he read *No.* 3 of Jaeger's test type. There remained in the upper and inner portion of the field of vision, a diffused foggy spot of an elliptical form, the long diameter extending from above and outwards, downwards and inwards. With this blurred portion, he could count fingers very readily, and see other smaller objects, but not with perfect distinctness. This clouded spot in the field of vision, is supposed to correspond to a large fold in the retina. The patient was detained in the hospital about four weeks after the operation. The success in this case was remarkably good, and the merits of this new method of treating detached retina, seem to be well established. In all cases of recent occurrence, the operation certainly ought to be performed, so as to give the patient the best known treatment for a restoration of vision.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Sulphate of Aniline in Chorea.*—This article is a powerful nervous sedative, producing blueness of the lips, general depression, discomfort at the epigastrium, slight headache and palpitation, frequency of pulse, and coolness of hands. It has been used in a case of chorea with decided success restoring speedily the hand and arm to the control of the will. In other cases it has entirely failed. The dose is three grains three times a day, though much more has been given. It may also be inhaled like chloroform, its toxic effects in this form being decided.—*Pacific Medical and Surgical Journal.*

2. *Tanno-Glycerine in Mucous Inflammations.*—Dr. Childs, in the *New York Medical Journal*, recommends the solution of tannic acid in glycerine as the best application for chronic inflammation of all the mucous membranes—urethra, vagina, throat, eye, ear, etc. Applied frequently to the vaginal canal, it forms the best treatment for prolapse of the uterus. He uses ʒi tannic acid to ℥i glycerine ; or one-half the glycerine may be replaced by water. The latter solution sometimes irritates—the former never.—*Ibid.*

3. *Cholera.*—Dr. Barth, so widely and so favorably known to American as well as French physicians, among other practioners, has been entrusted with the cholera patients in the Hotel Dieu, Paris, and has given, in a lecture, his views on the recent epidemic in Paris. He believes, as must the majority of physicians who have seen much of this disease, that an excellent chance exists of saving a very large proportion of patients, if the earliest symptoms of diarrhœa and vomiting are at once treated. He recommends house-to-house visitation. Patients should, if possible, be placed in large, well-ventilated rooms. He advises relays of nurses, so that remaining in the sick room for any long time may be avoided, and that the dejections should be at once removed. He opposes the use of purgatives, as there is no ·ball of irritating matter in the intestines to be cleared away. Calomel, he thinks, might be used as an alterative. Stimulants should be given in moderation, lest excessive reaction should be excited. Quinine may be useful when there are remissions. He does not believe in specifics, but suggests th[illegible]he attempt should be made to stop, and to make up for, the loss of serum. Cold should be combatted, and means used to allay the cramps. Astringents should be given by the mouth and in enema. Administer stimulants, especially ammonia. Rouse the circulation by frictions, warmth to the surface ; mustard baths ; hot air baths, etc. Allay the thirst by abundant drinks ; and if there is vomiting, give ice and seltzer water. If the reaction is excessive, it must be moderated by appropriate treatment. In conclusion, Dr. Barth expressed the opinion that our best hope must be in improving the sanitary condi-

tion of towns and their inhabitants, and by attempts to root out cholera at its source.—*London Times and Gazette*, Nov. 25, 1865, and *Cincinnati Journal of Medicine.*

4. *Endermic Poisoning by Belladonna.*—The application of belladonna to the breasts for the relief of painful distension of the organs, especially after sudden weaning, is often resorted to and with advantage. Where there is an abrasion of the skin, however, this practice, it should be known, is not devoid of danger. A case of poisoning under such circumstances is recorded in a recent number of the *Lancet*. Nov. 11, 1865.

5. *Necessity of Milk in place of Wine in the Treatment of Fever.*—Dr. Gairdner strongly lauds the value of milk in the treatment of fever. He says: [*Lancet*, January 21, 1865.] "You must feed your patients, and you must feed them chiefly on milk. Milk or buttermilk is with me the staple food in typhus; and I will even say that I know no other food that can be depended on. Yet I see, and always see with a new surprise, descriptions of the treatment and dietetics of fever in which not a word is said about milk, and a great deal about beef-tea, wine, whisky, brandy, and all manner of things, supposed to be more strengthening, or stimulating, than milk diet. Now, I tell you frankly that treating fever patients without plenty of milk is a thing that I do not understand at all; for I suppose I have not treated a single case of fever of any kind for the last fifteen years (I cannot make precise statements beyond that date) without milk, and I always proceed on the understanding that milk in fever is the one thing needful as diet—always to be given, and given liberally, whether specially ordered or not. To give wine, whisky, and beef-tea, while withholding milk, is simply, in my opinion, to destroy your patient; and the more wine or whisky you give, while withholding milk, the more sure you will be to destroy your patient soon ,because you are thereby superseding the natural appetite (or what remains of it) for a nourishing and wholesome diet, by a diet—if it can be so called—which poisons the blood and checks the secretions, and alters for the worse the whole tone of the nervous system and of the digestion and assimilation. I believe that infinite mischief has been done in typhus fever, and in all fevers, by giving wine, and withholding or not giving milk. Under a false theory of administering alcoholic food, it has resulted, not only that natural and genuine food has been withheld, but that the small remaining amount of appetite for such food has been obliterated, and not unfrequently, even at an early stage of the disease, the patient has been practically disabled from taking any proper nourishment at all. I know, unhappily, as a fact, that not only doctors, but nurses and patients, and patient's friends, are readily brought under the influence of this fatal delusion, that alcoholic liquors can, in fevers, take the place of natural food. But it is none the less a fatal delusion, which I warn you solemnly against; all the more that the patient is absolutely in your hands, and you can obtain no guidance from his natural instincts, if you begin by

overwhelming them with large doses of alcoholic stimulants. I have been very careful, at lest for fifteen years past, to avoid this error, and I believe that any success I may have had in managing fever has been more due to this than to any other cause. But I allude to the matter now, simply to say, that if you would observe the natural or normal course of typhus fever, with respect to the crisis (as proposed at present,) you must absolutely make up your mind to feed your patient naturally, and not to stimulate him. An opposite course leads to consequences which I may consider more in detail on another occasion ; but what I am anxious to say now is, that it tends to disturb the course of the fever, and to retard the ctrisis.

MATERIA MEDICA.

6. *On the Therapeutical Properties of Hemlock.*—By Dr. Garrod.—Hemlock has long been employed in medical practice, but many complaints have been made as to the uncertainty of its operation. In the *London Pharmacopœia* the leaves are employed, and a tincture, an ointment, and an extract were made from them. But as the activity of hemlock depends upon the presence of a peculiar fluid alkaloid, named *conia*, which readily undergoes decomposition when exposed to the air, the dried leaves must lose their efficacy by keeping, and hence it appeared to the committee who prepared the British Pharmacopœia that the fruit should be substituted for the leaves in the official preparations, as the former contains conia in a more concentrated state. A juice of the fresh leaves, the *succus conii*, has also been introduced into the British Pharmacopaœia, a little spirit being added to the liquid to prevent decomposition. The tincture of the British Parmacopœia, termed tinctura fructus conii, is made in the proportion of two ounces of the fruit to a pint of spirit. Dr. Garrod has lately made a series of clinical experiments with hemlock, the result of which shows that it possesses far less energy than is generally supposed, but the tincture of the British Pharmacopœia (made with the fruit) is more efficacious than that of the London Pharmacopœia (made with the leaves). Of the latter Dr. Garrord administered doses of from one drachm to half an ounce three times a day in about twenty cases, and latterly he gave a fluid ounce at each dose without producing any discomfort to the patient, who indeed exhibited no symptoms at all from the employment of the drug. The tincture employed was supplied by the most respectable pharmaceutical establishments. The tincture of the British Pharmacopœia, however, is more active; for in the case of the patient who took a fluid ounce of the London incture for a dose, it was found that when the tincture of the fruit was substituted, five drachms were sufficient to cause the development of some symptoms, but these were only slight. Dr. Garrod considers, therefore, that the new tincture possesses at least twice the strength of the old, but that it is not very potent.

Dr. Garrod doubts very much the efficacy of conium in any form in relieving the pain or altering the deceased action in carcinomatous affections; but he thinks that in large doses it may be advantageously administered in cases of severe spinal disease, both structural and functional. In paraplegia, when there exists a sub-inflammatory state of the spinal cord, as indicated by pain in the back and startings of the limbs, hemlock, is of great service; and Dr. Garrod has often seen the incontinence of urine checked by the drug. Conium appears to be beneficial where strychnia is injurious; and Dr. Garrod suspects that in very many cases of paraplegia, even when the ordinary symptoms or irritation of the spinal cord can not be detected, some lurking action may exist which is aggravated by the employment of strychnia, but is generally soothed by hemlock. Dr. Garrod relates a case in which strychnia had been administered with the effect of aggravating the symptoms, and more especially the incontinence of urine, but in which the employment of hemlock in gradually increasing doses was followed by positive alleviation and eventual convalescence The dose of the tincture of the British Pharmacopœia may range from half a drachm upwards, according to the nature of the case and the urgency of the symptoms.—*Medical Times.*

SURGICAL.

7. *Varicose Veins.*—Maisoneuve, writes the correspondent "J." of the *Chicago Medical Examiner*, gave me the statistics of his operations for the cure of varicose veins, by injections of per-chloride of iron. He reports 365 operations, 364 cures, and one death. In the fatal case, the tincture of iodine was used by mistake for the per-chloride of iron. A surgeon of large experience, who has had good opportunities to observe his cases, expresses some doubt as to all the others being *cures*. The operation, if carefully conducted, seems to be safe, and is probably as successful as any other.—*Medical and Surgical Reporter.*

OBSTETRICAL.

8. *Life-value of Premature Labor.* The distinguished obstetrician, Edmund A. Kerby, M.D., etc., on remarking upon the value of inducing premature labor, as an advantage over craniotomy, produces the result of his experience in the following statistics: in craniotomy, one mother in five dies, while in the induction of premature labor there is a loss of only one mother in fifty.—*Richmond Med. Journal.*

Obitual Record.

Robert Thompson, M.D.

DIED, at his residence in the city of Columbus, Ohio, on the 18th of August, 1865, Dr. ROBERT THOMPSON, in the 68th year of his age.

Some memoranda have been placed in our hands, from which, and from a notice in the *Cincinnati Medical Journal,* we compile the following imperfect memoir of one of the most prominent practitioners of Medicine and Surgery in our State.

Dr. Thompson was born in Washington County, Pennsylvania, September, 1797. His opportunities for a thorough preliminary education were limited, but energy and native endowments so far compensated for these disadvantages as to enable him to wonderfully surmount them, and realize a high and honorable position in his profession. He studied medicine with Dr. Geo. McCook, then of New Lisbon, Ohio, now of Pittsburg, and was licensed to practice Medicine and Surgery by the Fourteenth District Medical Society of Ohio in the year 1824. The same year he married Miss ANN M. SEEBER, of the State of New York, and located at Pleasant Hill, Muskingum County; but removed to Washington, Guernsey County, in the fall of 1827. He speedily acquired an extensive practice, and a fine reputation as a practitioner of Surgery as well as General Medicine. In the fall of 1831 he was elected a member of the State Senate, serving two sessions; and in the fall of 1834 he removed to Columbus, where he continued to reside and practice his profession during the remainder of his life.

The Honorary Degree of Doctor in Medicnie was conferred upon him by the Medical College of Ohio in the spring of 1833 or 34.

Besides his brief connection with State Politics, he was during the greater part of his life, actively interested in public affairs. For many years he was physician to the State Asylum for the Deaf and Dumb, and a number of years Trustee of the same Institution. During the prevalence of the cattle disease epidemic in the Eastern States he was selected by Governor Dennison to investigate the disease and report upon the nature of the epidemic.

He was one of the active founders of the Ohio State Medical Society, and for many years continued to participate in its annual meetings, and contributed largely to its Transactions. Reports and Papers from his pen, will be found in many of the annual volumes.

adding character and value to them. At the last meeting of the State Society, in view of the growing infirmities of age and disease, the Society manifested its appreciation of his worth by constituting him an honorary member.

His inventive genius, especially in surgical appliances, was very marked. Amongst his contributions of this character are—An Improved Bone Forceps, Tonsil Excisor; Uvula Scissors; A Cornea Knife; Cataract Needle, Tourniquet; Trephining Instrument, with perhaps various others. His abdominal supporter has received a great deal of the favor of the profession for more than a quarter of a century. And besides these he made a number of suggestions outside of his profession, some of which were on exhibition at the World's Fair in London in 1851, and received the favorable notice of the appropriate Committees.

He was a member of the American Medical Association and took a lively interest in its progress; also of the National Quarantine and Sanitary Conventions.

In the higher departments of Surgical practice, he had secured a very considerable reputation, having performed many of the capital operations with success.

"His social character was kind and amiable. Who knew him best esteemed his worth the highest."

He died in the harness. While engaged in writing a prescription about the middle of February, 1865, he had a paralytic shock of the right side; and although he recovered in great measure from the paralytic condition, yet his general system never rallied, and he continued to sink, until on the evening of the 18th of August, when he expired, having expressed a strong hope of a blessed immortality.

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London Lancet.—The January number of this valuable reprint is received. It is issued with new type, and a generally improved appearance. The subscription price is $5.00, but to such of our subscribers as desire to take both periodicals, we send the *London Lancet* and *Lancet and Observer* for $7.00.

Artificial Legs—Dr. Bly's Office Removed.—By reference to our advertising department, it will be seen that the Cincinnati office for Bly's Artificial Legs and Arms has been removed to No. 148 West Fourth Street, where he has secured pleasant and convenient quarters.

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H. P. THROOP, Esq., is General Travelling Agent for the *Lancet and Observer.*

Dr. S. B. CONOVER is our authorized agent for Trenton, New Jersey.

BOOKS AND NEW PUBLICATIONS.

Winslow—Diseases of the Brain and Mind. Henry C. Lea, Publisher, through R. W. Carroll & Co.

West—Diseases of Children. Henry C. Lea, Publisher, through Robert Clarke & Co.

Circular, No. 6.—From Surgeon-General's Office.

An Act to Create a Metropolitan Board of Health, etc., for the city of New York. From Hon. A. Y. Stewart, of New York General Assembly.

Fifteenth Anniversary Meeting of the Illinois State Medical Society. Held in Bloomington, May 2, 3, 1865.

LITERARY EXCHANGES.

Atlantic Monthly—Published by Ticknor & Fields, Boston. Price $4.00.

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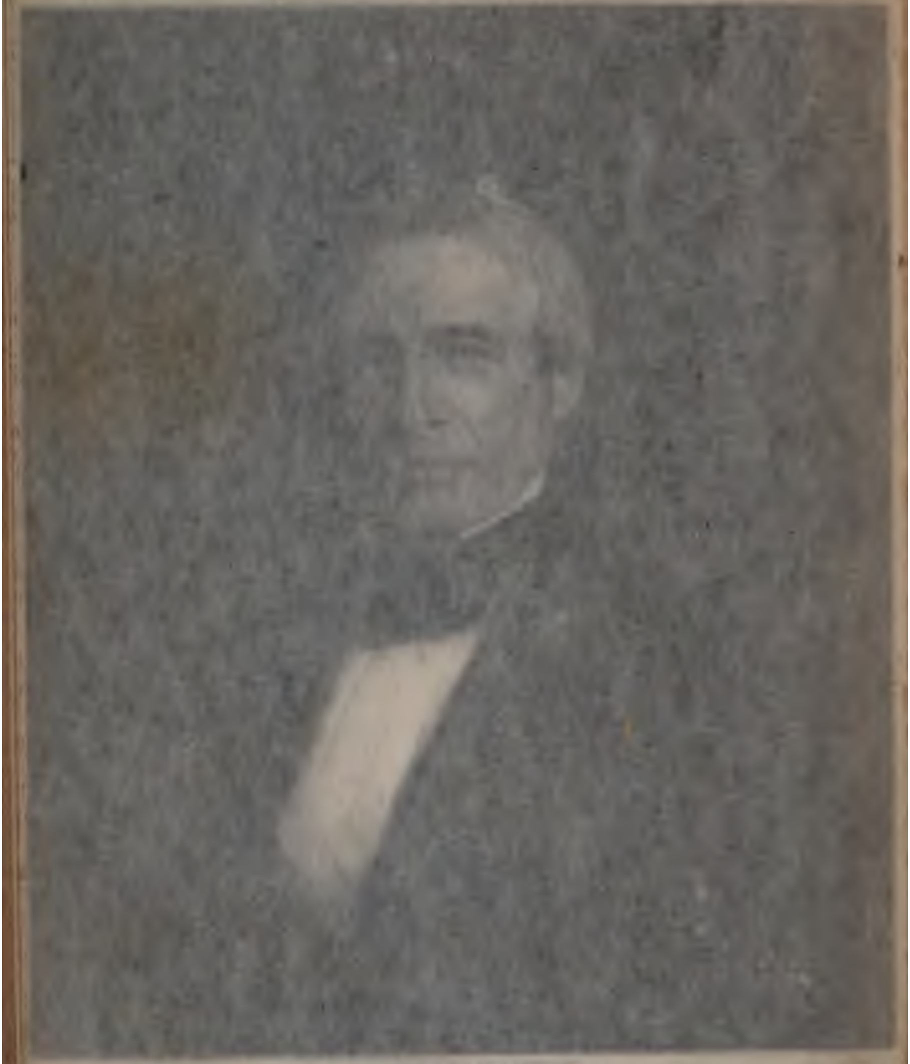

ISAAC HAYS, M.D.

Isaac Hays

SURGEON TO WILLS HOSPITAL.

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Original Communications.

ARTICLE I.

Report on Obstetrics.

Read before the Wayne County Medical Association.

BY R. E. HAUGHTON, M.D.

To be a good Obstetrician, is to observe well, and remember well. No authority can tell what you ought to do in every case at the bedside, and while I believe the maxim, "Meddlesome Midwifery is bad," I yet believe that often times we should attempt assistance when it is not done, where delay is to the detriment of both mother and child. We begin the subject matter of this report with a few thoughts on

CRIMINAL ABORTION.

This subject is attracting more attention from medical men than formerly, and I am glad to believe there is an earnest feeling in the profession, which has of late years been growing into a settled conviction, that while *it* has seemed to be regarded lightly by the masses of the people, yet the upright and conscientious physician regards criminal abortion as a reckless destruction of human life, and those who engage in it no better in principle than the highwayman who murders his victim. It has been supposed that quickening, which generally occurs from four to four and a half months, is the first evidence of life, and that prior to this time, there is no criminality in destroying the product of conception, though it be to cover the shame of illicit intercourse, or whether it be to prevent the cares consequent upon the increase of an already large family. My own conviction is that many women, who contemplete such a step, do not understand the proper relations and bearings of the subject, to a moral life, as well as its relations to law. Here, then, is the work of the physician to whom is entrusted the lives, health and often the social well-being of those who consult him. Let him who would act as the guardian of human life and health, use his influence against a growing and crying evil, not only presenting the dangers to life and health, but also point to the fact that law, which is the representative of the moral status of public opinion, has positively prohibited criminal abortion by heavy penalties, and that those who engage in it are guilty of the violation of the laws of both God and man. The dangers to life in such cases are not extreme, yet it is not to be doubted, neither can the wisest counsellor determine the dangers in any particular case. Death has occurred by hæmorrhage, and may again, and no man who is justly appreciative of the responsibility which rests upon him, will be disposed to assume new and untried ones, from which there is no escape, if danger occur, but exposure, loss of reputation and character, and perhaps his patient.

How many women are dragging through life with pale faces, broken constitutions, enervated, energy gone, beauty marred, purity gone, the graces which adorn female character all thrown away, in the violation of physical and moral law. Yet how often are they ignorant of such responsibilities, how often do they affect to be ignorant that any crime attaches to the matter, but all the time ministering and pandering to a depraved and vitiated morality, producing a depth of moral turpitude I wish did not attach to the fairer sex, for the credit of our common humanity. I may express this thought strongly, but let me say to you that it applies even to the best circles of our society at the present day. Aye, even farther; that being denied counsel and aid by the profession, whose reputation and dignity we are bound to sustain, the fashionable aye, the church going, (I will not say, religious votary,) adopts the criminal means, and with her own hand, or aided by some professional or non-professional pretender of her own sex, she violates her own body, and the fruit of it is destroyed with as much impunity as she would shake the tender fruit from its parent stem, and with as little regard for it.

Oh! shame upon the morality of such an age. What a commentary upon human life. Such is human life and morals to-day. The responsibility of changing it be with us, and to a considerable extent, is with us. I regard our profession as having a mission more than the administration of medicines to the sick, and promoting their physical comfort to be paid for it, but a mission of higher work, one which connects itself with the higher interests of our nature, not only in this life but a future one. Let our noble profession pioneer the way let us elevate by proper counsels and advice the character of our people, and teach them that law, morals and religion all combine to condemn to just and speedy punishment all those who will, whether in the profession or out of it, degrade themselves to a servile, corrupt and base licentiousness, by adopting such a criminal course. And let the profession in each one of its members, by such a course of dignified life, elevate the standard of his own character, then the profession becomes what it should be, a highly conservative, moral force, scientific in the fields of science, literary in the fields of literature, reflecting over the whole the purity of Christian lives, to bless and beautify the age in which he has lived.

LABOR AND ITS STAGES.

I offer a few thoughts here in reference to some conditions, in which it is right for the practitioner to assist nature, and hasten the progress, even of what would seem to be a natural labor. In the first stage of labor, viz.: the dilatation of the os uteri, from some cause, not always easily ascertained, the progress is very slow, even two or three days before sufficient progress is made to require the care of an attendant, yet the pain is troublesome and worrying. This is after the mouth of the womb is dilating and dilatable. One reason seems to be the want of proper relation of the mouth of the womb to the proper axis of the pelvis. We find it tilted back so far toward the concavity of the sacrum, as barely to be reached with the finger, the expulsive effort for dilatation going on, and yet not affecting anything. The use of the finger to bring the mouth of the womb to its proper position, and retain it there till a more complete dilatation, retains it, and using the finger also as a dilator in conjunction with the pain.

This may be thought to be meddlesome midwifery, but I have good reason to know that it is in many instances very beneficial, and will hasten the progress and termination of the labor several hours. You thereby hasten the dilatation, the first stage of labor, and introduce the second stage of bearing pain or effective labor, which is much more patiently borne than the pains of the first stage.

A Case.—Mrs. T., in labor with her second child, had had pain two days and nights, with no progress. A physician had been with her part of one day and night, left her on the morning that I was called, telling her she was not ready to be confined. She told me she had had quite severe pain, and that she was tired and was becoming discouraged. I examined the case, found the os turned back far to the concavity of the sacrum, and dilatable. I at once thought that here was the cause of the continuance of the case. I sat down, brought the os forward, and using my finger both as a dilator and to secure proper position, my patient was delivered in three hours' from the time the mouth was dilated to the size of a twenty-five cent piece. I have seen such cases often, yet I know that those cases, without this attention, will linger for hours without progress. The second stage of labor is the time included from the complete dilatation of the os to the delivery of the child. What is necessary to know even before the completion of the first stage is the position and presentation in reference to the proper axis, and straits of the pelvis of the mother. The two most common presentations are of the head, vertex left, second vertex right, which are determined by the position of the anterior and posterior fontanelles. If these positions obtain, the natural forces are sufficient to complete the labor in most all cases, unless there be disproportion between the child's head and the opening of the strait. In that case, instrumental aid may be required, and the labor becomes preternatural. The third stage of labor is the delivery of the placenta, and afterward quite as important a matter is the application of the binder. Yet here we find those who say it is not necessary and never use it, contrary to all teaching and experience. Without discussing these points, suffice it to say that it may prevent fainting from the relaxation which occurs, and a fainting fit is a serious matter in the lying-in room.

INSTRUMENTAL DELIVERY.

When to be resorted to, and reason why. I believe, and have often expressed the thought, that medical men ought to use the forceps as a means of earlier and easier delivery than has been the practice, or the teaching. In those cases where the labor is protracted, as it often is in primipara, simply from natural causes, as the resistance of the tissues never before extended, where there is no disproportion between the presenting parts of the child and the pelvis. Yet when such labor is unduly protracted, I believe it right sometimes to use the forceps, and complete a labor which is protracted, and nature seems, as yet, unable to complete it, without more suffering than is necessary to be borne. When the head of the child begins to be compressed within the pelvic bones, and the powers of the womb at the same time fail, from such time the life of the child is endangered. The principle has been forcibly impressed upon the minds of accoucheurs, "Trust Nature," or in other words, trust the natural forces, and often times a fatal result, both to mother and child, has occurred, when if timely resort to the forceps had been made, the case would have been conducted to a safe and happy termination.

Dr. Hamilton tells us of 90 to 100 forceps cases in 731 labors, being about 1 in every 7 or 8 cases. In all these cases, the children were born alive. Drs. Hardy and McClintock give 18 forceps cases in 6634 of labor, being 1 to 368·5 cases. Let us see the results. In 18 forceps cases in the Dublin Hospital, 5 mothers perished and 8 children. What causes such a difference in the rate of mortality. It will not do to impute the blame of this startling mortality, in one of the finest charities in the old world, to the use of ergot. This drug has been used and is now, as a uterine stimulant the world over, and the charge imputed, that it is destructive of intra uterine life, and the cause of fatal inflammations, is not proved or sustained. "Another writer says, during the first half of 1000 cases, I used the forceps only 8 times, or once in 62·5 cases, in the latter 500 cases, I used them twenty times, or once in every 25 cases, just two and a half times more frequently than in the former. Now what has been the result? In the first 500 cases, at a period when I considered the forceps only called for if the labor was considerably protracted, I used them eight times, had four dead born children, while during another series of cases, of equal magnitude, at a period when I believed, that in midwifery delays are dangerous, I used them twenty times, and all the children were born alive."—*Braithwaite.*

It is our duty not only to consider the safety of the mother, but also that of the child. Danger occurs to the mother during protracted labor, but the child may be in danger long before this period. Therefore the application of the forceps increases the danger but little to either mother or child, and should be used more frequently in protracted labors.

This history, taken from statistical facts, is in confirmation of what I have believed to be a correct practice, in cases where there is more than ordinary difficulty, in cases of labor protracted beyond what is believed to be sufficient for the completion of such labor, other things being equal. I have attended since I began practice about five hundred cases of labor, and in that number of cases I have used the forceps, for the purpose of shortening the time of labor and saving the endangered lives of both mother and child twenty times, being once in every twenty-five cases. These cases have occurred under very different circumstances as to the mother, and mostly in consultation practice, and in all these, instrumental aid was regarded as proper and necessary. In one case only was the mother lost after such delivery, this being on the third day, the patient being under other professional care.

In this case the child was dead, and mother much exhausted, insomuch that I was led to believe that a much earlier interference would have saved her life. In three of my cases, the children were still-born, and in each case very satisfactory evidence existed that the child was dead before resorting to such assistance. I think if delivery had been effected earlier, the mothers would have suffered less, though the children could not have been saved, when I saw the cases being dead. I am, therefore, in favor of the earlier use of the forceps in such cases as may be protracted beyond the time of natural labor, particularly if the pains are strong, and do not accomplish the progress necessary to effect the labor and its completion in a natural time and way.

One writer says, "It becomes evident to us every year, that instrumental delivery is increasing. The improvement in instruments, and increased skill in their use, warrant us in approving the change. In numerous cases, the outlet of the pelvis is too narrow to allow the head to descend easily, it may be a primipara, the womb is wearied with its long continued efforts, and just when the labor ought to be completed, it meets with a narrow outlet. Now comes the value of the forceps in such cases, and instead of allowing the labor to be protracted several hours longer, they should be used to complete the labor, and terminate the suffering of the mother.

VERSION, CEPHALIC AND PODALIC.

There are varying conditions which would justify turning, and delivery by the feet. In cases of contraction of the brim of the pelvis or superior strait, where we can satisfy ourselves from history or from tactile examination, that such contraction exists, or an improper relation exists between the diameters of the pelvis and those of the head, turning may be resorted to. Again, in cases of placenta prævia, where there is alarming and exhausting hæmorrhage, it is right not to wait, but to turn and deliver as speedily as possible, so that we may arrest the hæmorrhage, which is the immediate and great danger. The management of the placenta under such circumstances, is oftentimes a question of important interest to the patient, and may be difficult of management, and two modes of procedure have been recommended, which we will recur to in its proper place. That version or turning, is the proper course in such cases, taken together with speedy delivery, there is no question. In the earlier periods of our art, cephalic version was the only kind adopted or practiced, as Hippocrates and his compeers speak of no other, and we conclude version by the feet was unknown to them. Writers generally refer the credit of turning by the feet to Ambrose Pare and his pupil Guillemeau, but it was described and recommended in the sixteenth century by Franco, and this view was greatly spread by Guillemeau in the seventeenth century. The practice has been adopted ever since, yet now both podalic and cephalic version are advocated by the most enlightened of the day, the conditions which require a resort to either being made up by the case in hand.

Dr. Wright, of Cincinnati, who wrote a prize essay on difficult labors, admits that both modes of proceeding may be properly resorted to under different conditions. Dr. Wright advocates cephalic version in cases of shoulder presentation, in preference to podalic version, as of easier execution. Spontaneous evolution proves the contrary, which I saw in shoulder presentation. But by the leading authorities in Great Britain and Continental Europe as well as in our own country, it is taught that the proper management of these cases is to bring down the feet at once, while the uterus is in the most favorable condition, but when this can not be done, we are directed to open the chest of the child, remove the viscera and extract by the crochet. But to give the condition in which Dr. Wright would himself prefer cephalic or podalic version. He says, We are disposed to adopt the language of Cazeau, that at the present day, it would be improper to adopt either practice exclusively, some cases being better adapted to cephalic version, while there are other cases in which podalic version is alone practicable. Version by the feet, according to Dr. Wright, is to be preferred in cases of inefficient uterine action, or exhaustion from long continuance of labor, also in hæmorrhage, convulsions or any case where there may be a demand for a speedy delivery. Version by the head, he continues, should be resorted to in all cases, where difficulty arises from mal-position merely."

Now it seems to me that it is admitted by Dr. Wright himself, that podalic version is useful and to be resorted to in all cases where we should promptly interfere, and that cephalic version is not admissible, only in cases where podalic version can more readily be effected. He says cephalic version is most easily effected, and the safest for the child.

The statistics of the two modes is thus presented by Dr. Churchill. He has collected 505·691 cases, in which version by the feet was performed 4·133 times, or once in 122½ cases These cases are tabulated as follows:

In English practice 71·483. Version 247, or 1 in 247.

In German practice, 393·823 cases. Version 3·393 times, or 1 in 116.

In 2·939 cases, where the result to the mother is specially mentioned, 211 died, or 1 in 14 cases, making allowance for the accidents of labor, as convulsions, hæmorrhage, time of labor, etc.

The mortality of children in 3·347 cases was 1·472, or more than 1 in 3. Now in these cases, the duration of labor is not mentioned, but when labor is protracted beyond twenty-four hours, we find a rapidly growing mortality to the mother, and when reduced below twenty-four hours, mortality is greatly decreased. Labor below twenty-four hours, 1 mother in 21 died. Labor above twenty-four hours, 1 mother in 3 died.

The statistics of cephalic version are more favorable, if we admit that only the successful cases are published. Busch, of Berlin, reports 15 cases under his care, in which he delivered 14 living children. Riecke lost 1 child in 16 cases, while Ricker reports 10 cases, of which 9 were successful, for both mother and child, which would make the mortality for cephalic version 1 in 14. Of the relative advantages of the two modes of version, judge ye.

UTERINE HÆMORRHAGE.

First as a cause of hæmorrhage, I will speak of placenta prævia. When it occurs at any period, from the sixth to the end of the ninth, and at intervals of increasing intensity, the

suspicion of placenta prævia is awakened, and an examination to determine its existence is proper. The placenta is found either centrically or partially over the mouth of the womb, and as the cervix begins to be extended, hæmorrhage occurs in proportion as the placental or uterine vessels are opened. To control this condition, which is fraught with danger to both mother and child, it becomes a question of interest to the practitioner as to what shall be done. The mouth of the womb is not sufficiently dilated to accomplish anything, yet your patient is flooding, and every hour is one of peril to the lives in your hands. Dilatation, first of all, as rapidly as possible, the tampon, to control the loss of much blood, ergot, cold, etc. But all these may fail to control the difficulty. As soon as dilatation is effected, if the placenta is detached at any point of the circle, make your point of entry at that place, detaching the placenta sufficiently to pass your hand and effect podalic version, delivering the woman as rapidly as possible, using due precaution not to use too much force in your manipulations. If there is no separation of the placental circle, Dr. Bedford says, perforate the placenta, and pass your hand as before, and deliver by turning. I will not now discuss the question as to what surface furnishes the blood in these cases, suffice it to say, there is difference of opinion. Yet when we have a case of danger, it is not important to determine from what set of vessels the blood is pouring. We know hæmorrhage is going on and we must stop it. Dilatation and version are among the most important means to accomplish rapid delivery, and arrest the trouble. But to proceed with the subject of hæmorrhage arising from other causes. In reference to accidental hæmorrhage during pregnancy, first of all we should arrest the loss of blood if possible, and thereby prevent exhaustion. Authority is in favor of the tampon, and for the following good reasons, as given by Prof. Hodge, of the University of Pennsylvania:

1st. "Because occult hæmorrhage is a very rare occurrence under any circumstances, and especially after the use of the tampon, where the fluids are allowed to escape, and yet coagulation of the blood is facilitated."

2nd. Because no occult hæmorrhage can occur, unless the uterus yields, as the ovum, when entire, is incompressible."

3rd. "The tampon is very effectual in arresting hæmorrhage unless when very profuse, and in such cases it moderates the discharge so that time is gained, and until the os uteri is dilated or dilatable."

4th. "Should it succeed, the life of the child as well as mother is usually secured."

5th. Per Contra. "On the contrary, says the same writer, if the membranes be punctured, the child, even if the hæmorrhage be arrested, is in the greatest danger, from its immaturity and the compression to which it and the placenta are subjected, before delivery can be accomplished.

6th. "After the rupture of the membranes, if the hæmorrhage should continue, the danger to the mother is most imminent, as under the circumstances, the ordinary remedies for arresting hæmorrhage are very inefficient, and almost the only chance left for the unfortunate mother is forced delivery, which all acknowledge to be fraught with the greatest peril, especially as the patient is already weakened by loss of blood."

But in hæmorrhage from conditions post puerperal, as some times occur, the same rule of action will not answer, as frequently the hæmorrhage is sudden and so copious, that the woman turns pale, faints, and is moribund in less time than I have taken to write it. This hæmorrhage may be concealed or external, and the prompt physician who knows the value of prompt action in such contingencies, may save the life of a mother, the centre of a home and all the affections which cluster around that beloved form which we call mother.

In such cases there is no better rule of action than the one given by Prof. Meigs, and as he often said to his classes, "Turn out the clot," and by your hand in the cavity of the womb and the other externally applied over the uterus, you empty the cavity and secure contraction, while an attendant may administer ergot and brandy. Thus you may arrest post partum hæmorrhage, and save your patient. The tampon under these circumstances, is not to be thought of, because

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concealed hæmorrhage would fill up the cavity till the woman would bleed to death.

PUERPERAL CONVULSIONS.

Eclampsia Gravidarium et Parturientum.—To the accoucheur, this manifestation of disease is the most fearful and terrible which pertains to the lying-in chamber. The causation, pathology and treatment are not as well established as it is desirable, yet that there is an improved understanding and more successful treatment, is certainly true. I have no doubt that these convulsions are essentially different from other convulsive affections of women, and require essential modifications of treatment. The physiological condition of woman in the pregnant state or state of gestation is vastly different from her normal condition, as gestation impresses all the vital conditions of her being and under this changed or exalted condition, the nervous force is wrought upon, and her whole being is one of exalted physiological relations to the perfect and complete accomplishment of her sexual destiny, the birth and vital endowment of a new being. This highly exalted state often merges into a pathological one, yet is not of itself necessarily a deviation from a physiological or normal condition. The organic life is changed, the cerebro-spinal system is changed, or disturbed to the degree of morbid action, and slight excentric causes develop the attack. Now the question comes up is it Toxæmia or is it Uræmia, or Uræmic Poisoning being

URÆMIC CONVULSIONS.

The doctrine is held that these convulsive attacks are dependent upon albuminuria, or more properly to express the pathological idea, granular nephritis, and therefore a consequent vitiation of the blood by imperfect elimination, the result of failure, by the kidneys. I should remark that the causes of convulsions are divided into those of centric and those of excentric origin. But we will now limit our discussion of this subject to those of centric origin, and thereby unfavorably impressing the nervous system. Leaving out those causes, which are purely psychical, or mental. A toxicæmia or toxæmia, (Dunglison) is a poisoned condition of the blood, and in these cases is supposed to exist by reason of some inability of the kidneys to perform the usual function of elimination. There are certainly two conditions or more in which there are influences operating upon the kidney to impair its action, and may lead to convulsive trouble. That albuminuria may exist, and also be the cause of convulsions, I am quite certain, in cases not puerperal or post puerperal, but while this may be the case, and we have albumen in the blood and urine in excess, general œdema, or local anasarca, convulsions may exist as a result of such conditions, still it is pretty certain there is no uræmia, no toxic influence, so to speak, connected with it. To quote the language of Prof. Bedford. He says, "Recently much has been written, and questions proposed by learned academies, respecting the connection between albuminuria and puerperal convulsions, and the writers are almost unanimous in the opinion that albuminuria is the cause of these convulsions. Now I contend that puerperal convulsions are frequently nothing more than uræmic phenomena, as proved by the causes, symptoms, diagnosis and treatment. If then, puerperal convulsions are the result of uræmic intoxication, they are not necessarily produced by albuminuria. But that albuminuria and uræmia are distinct pathological states, and both capable of producing convulsions, is a question about which there need be no discussion. In order to state the points more fully, I begin by stating

1st. That albuminuria is dependent on several diverse conditions, although we stated that albuminuria was granular nephritis, yet I would not wish to be understood as saying that albuminuria can not exist without inflammation, because I think there are at least, three different conditions affecting the kidney, which may produce the disease under consideration.

Causes.—1st. A change in the composition of the blood; 2nd. A change in the kidney, either structural or dynamic; 3rd. Pressure on the renal veins.

Without discussing the mode in which these conditions produce albuminuria, it is sufficiently settled that two of them can produce it, and that when produced the patient does not exhibit any uræmia or evidence of toxicæmia, therefore albuminuria may exist, and with it convulsions, yet no uræmia exists.

Again, I am of opinion that albuminuria may exist, and that no inflammation exists in the kidney, but that pressure of the gravid uterus upon the renal vessels may produce such a congestion of the kidneys that elements are retained in the blood which ought to be eliminated, and also a general plethora may be induced, under which such conditions as I have described, together with a convulsion ensues. This is then most probably uræmia.

Again, in such conditions as occur in cases of scarlatina, we have obstruction of the uriniferous vessels and tubules, with an excess of epithelial scales obstructing the tubes so as to occasion the condition which is found to occur, viz.: great deficiency of urine, and it loaded with albumen. And further, this condition after scarlatinal attacks have the convulsion developed, as in the puerperal condition, and the evidences of a true toxæmia or poisoning of the blood, are not so clear as they should be, and the means of cure which are eventually successful, are not such means as would be thought to be successful, if a true toxæmia existed. The opinion is now well settled, and concurred in by a great majority of writers, that albuminuria is in many cases, simply the result of an active or passive congestion of the kidney.

To sum up the conclusions as follows:

1st. Albuminuria is not the result always of organic disease of the kidney, but may be the result of active or passive congestion produced by mechanical causes.

2nd. Albuminuria will often result from a variety of nervous disturbance, is often connected with uræmia, but not the cause of it.

3rd. Uræmia is a nervous disturbance arising from a blood poison, and that blood poison is declared by Frerich to be carb-ammonia, produced by the decomposition of the blood.

4th. If urea be a poison, the quantity of it which accumulates in the blood in cases of removal of kidney in animals, or in suppression in man, is not sufficient to produce manifest deleterious effects.

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TREATMENT.

The indications are first, to overcome the cerebro-spinal irritation which exists, as well as to remove all other causes of nervous or vascular irritation, whether direct or reflex.

2nd. To remove by elimination, through all the emunctories, the noxious elements which may exist in the blood, and protect the nervous system against the injurious influence of carb. ammonia.

This can be done, says Frerich, by benzoic acid in doses of five to ten grains. Opium, chloroform, bloodletting, during the convulsion or between them, has been highly recommended, and I am sure in some of my cases, has arrested promptly the attacks. I should not always resort to it as I think there are contra indications to the use of such heroic treatment. If there is strong evidence of local determination to the head, counter-irritation by sinapisms, foot-baths, cathartics, or stimulating enemas, and if labor has progressed to some extent before the convulsion sets in and then should be arrested, convulsions continuing, forced delivery by the forceps, is not only removing a cause of convulsions, but puts the patient in the best condition for the efficient use and influence of other therapeutic measures. But in such cases, we should not have rashly determined upon any special course of treatment, but after examining the whole range of morbid actions set up, and with no predilections for certain remedies, with a wise and deliberate judgment apply such as are believed most promptly to arrest the progress of the disease. Thus do we fill up the measure and standard of honest, wise and safe counsellors, to whom has been entrusted the dearest objects of home.

EMBOLISM, OR EMBOLIA.

This subject bears upon cases which are puerperal, as convulsions, puerperal fever, phlebitis, pyæmia, and possibly may arise from many diverse puerperal difficulties. We have some conditions, which may or may not begin as puerperal, and yet I conceive they may exist and produce embolia or obstruction of some important vessel of the circulation. In one case of dry gangrene of the extremity, which was reported to me, the diagnosis was, Embolia of External Iliac Artery, and the gangrene continuing to extend, amputation was resorted to, and the patient recovered. It was supposed to begin a very severe hæmorrhage from the lungs (hæmoptysis) and a clot found its entry to the circulation, and produced arterial obstruction, and death of a foot and leg. This is not therefore, puerperal, but we find such cases of remarkable interest wherever we find them. The question is an open one, and perhaps may have been always so, but at one time puerperal fever was regarded as altogether an inflammatory disease, but now while some regard it so, o'hers regard it as a poison taken into the system, or produced within it, and either absorbed into the circulation or taken in by open mouths of vessels within the womb after delivery, and the patient is stricken down as by the operation of some powerful poison, while again it is eliminated through the various organs of secretion or excretions, the patient lingering on the verge of the grave, yet finally saved.

If then this be the true doctrine, that elimination is the great highway to health again, we should not interfere with those processes by reducing the vital forces, and thus debilitating the system to such a degree that the requisite amount of vital action to secretion and excretion is not manifested, and the poison is retained, debility increases, and the patient dies. We see again that in this course we do not follow any routine of practice, because our fathers did so, but we interpret the efforts of the economy to eject poisons which have invaded her sanctum, and thus intelligently aid her. Support the strength of the patient by nutritious diet, stimulants, and aid the processes of secretion and elimination. It is not difficult to account for the rapid manner in which pus may be taken into the circulation, from the surface of the womb, and thus having entered the venous circulation, may reach the right side of the heart and thus cause coagulation of a portion of the blood, which when sent into some of the pulmonary vessels, may produce obstruction and imminent danger to life, indeed, destroy life suddenly. This is pyæmia first, and causes embolia as a result. Again, we know that air finds its entry of the womb, and by entering the open sinuses, may so affect the circulation as to produce death in a very sudden manner, and air bubbles have been found in the centres of the heart after death, and fibrinous coagula in those centres, and pulmonary vessels. We know that often in cases of labor, after protracted effort, a sense of languor and weariness, indeed, faintness, comes over the patient, and this condition affects the womb also, and failure to contract well, leaving the enlarged vessels or sinuses with open, gaping mouths, into which may enter air, or any fluid, or even gaseous products, the result of retained placental decomposition, producing some or all the results to which I have just alluded, sudden death or embolia, which may also, sooner or later, produce the same unfavorable result.

These being facts, as pointed out by numerous writers, the indication is to secure a good and firm contraction of the womb, and close up these open doors. This should be done for a double purpose, preventing hæmorrhage and also excluding all hurtful or noxious agencies from the circulation. The binder should be used, as giving good support to the long extended and elongated abdominal muscles, and which I think aid in securing the contraction necessary for safety to the woman. Another motive for securing efficient contraction, we prevent exhaustion by hæmorrhage and also fainting, which comes by the same thing, and a fainting fit in the lying-in-room is a cause of sudden death, and may be a cause of coagula, and hence embolia. No woman is safe with an uncontracted womb, and I have no doubt we should have less number of puerperal diseases if, by securing contraction, we excluded all possible entrance to some poison, which enters through an open door, which has been left partly or wholly unclosed.

Mr. Spencer Wells says that "Whether the frequency of plugging arteries by detachment of vegetations from the valves of the heart was or was not overrated, he was convinced that the mechanical plugging of the heart or lungs by fibrinous clots, carried from the periphery to the centre, was not yet sufficiently recognized by surgeons as a cause of mortality after injuries, operations, or local disease. He had seen what some men would call pyæmic pneumonia, others would say, pulmonary embolism, which had origin in the coagulation of blood in the vessels of some part operated on or injured. The subject of embolism is a very interesting one as connected with the existence of puerperal disease. The clots formed at death are soft, œdematous, flattened, and do not closely plug up the vessels. And we understand that the open mouths of veins, which do not close, such as those on the inside of an uncontracted womb, and those in the bones, the Haversian canals are liable to give transmission to those clots, if injury or disease occur, in their continuity. The veins of the womb have no valves, and soon open into the vena cava ascendens. The woman also lies in the horizontal position, which favors the transmission of coagula or poisonous matter, toward the heart, and causes such troubles as we have feebly attempted to describe.

M. Lancereaux describes the condition of the lungs caused by these clots in the following words: "It is evident that an embolus which closes up the trunk of the pulmonary artery, and gives rise to sudden death, can not cause any important disorder in the pulmonary parenchyma. But it is different when a coagulum comes to be situated in an important division of the artery, closing its canal completely. In this respect, this writer expresses his agreement with Virchow, "who says that however complete the obstruction, it produces no change in the structure of the lung, and above all no gangrene occurs." Still he proceeds to say pulmonary coagula are sometimes accompanied by a lesion of the parenchyma of the lungs, whether they be the cause of it or not."

It is, however, important to notice, that there are certain special conditions of the embolic clot, which are capable of giving rise to two of the alterations just mentioned, namely, pneumonia and gangrene. These conditions pertain to a special alteration of the tissues, in the midst of which the thrombus is formed if the coagulation has taken place in the nidus of a purulent or gangrenous focus, the coagulum formed in part of fibrin and in part of other elements, possesses qualities in virtue of which it may alter the tissues with which it subsequently comes in contact. Thus it is that metastatic abscesses often appear in the lungs of individuals with suppurative thrombus of the cerebral sinuses, and in women suffering from metritus or suppurative phlebitis. Thus, too, gangrenous spots in the brain are found in persons who have primarily a gangrene of the lung, and gangrene of the lungs is met with frequently in paralytic persons, in whom a sphacelus has formed over the region of the sacrum. Particles of fibrin, or fragments of tissue, impregnated with pus or septic matters, become the points of origin of secondary foci purulent or gangrenous, as the case may be. There are many other questions of great interest, which I might discuss in such a report, and time would fail now to speak of the surgical diseases and accidents peculiar to the lying-in chamber.

We have also a very interesting field of investigation and discussion in the subject of inflammation of the mouth and neck of the womb; accidents, as vesico-vaginal fistula, recto-vaginal fistula, rupture of the perineum, rupture of the womb, ovariotomy tumors; all of which belong to this department, but I will defer to another paper these topics, which I may at some time in the future present.

Hoping the Society will touch lightly the errors and defects of this report, I have the honor to be on behalf of the Society,

Its reporter on Obstetrics, R. E. HAUGHTON.

ARTICLE II.

The Reproduction and Repair of Bone, Examined with Reference to Operations Involving the Removal of Bone.

Read before the Wayne County Ind., Medical Society.

BY J. K. WEIST, M.D., RICHMOND, IND.

THE observation was made long since that operations involving the removal of an entire bone or of a portion of the same, was sometimes followed by a reproduction of the entire bone or of the portion removed. Why this result is the exception and not the rule, can not be determined, I think, by any of the modern surgical text-books. Certain it is at least, that none of them satisfactorily describe and explain the process of repair by which so desirable a termination as the reproduction of a resected bone is reached. That we should have a clearer understanding of the matter seems very important, now that conservative surgery is so much practiced.

If it is considered a triumph of surgical skill to remove the broken fragments of the humerus in a gunshot fracture and thus save the arm, useless though it be for want of its normal bony support, instead of condemning the limb to amputation. How much greater a triumph must it be, to not only save the limb, but to so operate that the bone will be reproduced and its functions all, or nearly all restored. That so favorable a result may be often obtained can be demonstrated.

The process by which a resected bone is repaired or reproduced being similar to that adopted in the reparation of injuries involving the continuity or life of the bone, it is worth while to examine the explanations of the process given by surgical writers, and thus determine whether their interpretations can be received as true when compared with the teachings of the Histology and Pathology of the present day.

An examination will be first made as to the notions prevailing in regard to the methods pursued by Nature for the repair of fractures.

The ancients taught that broken bones were united by the exudation of a gelatinous fluid between and around the broken fragments. This they called the osseous juice, which becoming hard united the ends of the bone as glue unites two pieces of wood.

Haller and Dethleef held that a gelatinous juice exuded from the broken ends of the bone, and particularly from the medullary texture, and was effused all about the fracture, becoming organized and forming cartilage, which afterward ossified.

Du Hammel regarded the callus as being formed from the periosteum,[*] which he believed was the organ of ossification.

[†] Bordenave believed that broken bones unite in a manner

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[*] Du Hammel Mem. l'Acad. des Sciences. 1741.

[†] See second memoir sur les as por M. Bordenave recueilli et pub par M. Fongeraux.

analogous to union of divided soft parts which unite, he taught, by the organization of a glutinous fluid effused by the ruptured blood vessels.

Boyers says that[*] "doubtless we shall always remain ignorant of the process adopted by nature for the union of bones, as well as that for the soft parts."

Baron Larrey[†] rejected entirely the doctrine of Du Hammel and contended that the union was effected and brought about by the action and inosculation of the vessels belonging to the fragments themselves. He as well as Sir Astley Cooper believed that if the ends of the broken fragments were not in apposition in consequence of a loss of substance, the intervening space would never be filled up with new bone.

Mr. Liston states[‡] that broken bones are always at first surrounded by effused blood, that this is usually absorbed in a few days and the process of reparation commenced, which proceeds as follows. The periosteum which is torn becomes more vascular and is thickened for some distance above and below the fracture. Plastic matter is secreted and becomes organized. The wound in the membrane is repaired. Lymph continues to be poured out by the vessels of the periosteum and bone, and occasionally from the surrounding tissues. The continuity of the parts is established by this organized mass, the medullary cavity being early filled by a similar secretion, and if the ends of the fragments are well adapted to each other, between them. That the deposit under the periosteum, and in the medullary cavity soon become ossified, but that between the ends of the bones is much more slowly organized and ossified."

It will thus be seen that the active agent in repair according to Mr. Liston, is a plastic matter, or lymph, that in some undescribed way becomes organized and afterwards ossified.

He further states[‖] "That great powers, not only in the production, but also in the removal of bone, have long been allowed to the periosteum. But that no one has detected this membrane in either of these acts, new bone not having been found adhering to the periosteum either in fractures or necrosis, far less has a complete substitute been ever discovered enclosing a sequestrum, composed of ossified periosteum."

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[*] See second memoir sur les as par M. Bordenave recueilli et pub. par M. Fangeraux.

[†] Dict. des Sciences, Paris. 1820

[‡] Prac. Surg. 2d American Edition, pp. 55.

[‖] Edin. Med. and Surg. Journal, No. 78, page 47.

Druitt says that* "The lymph or plastic matter is effused indiscriminately from all the tissues surrounding the fracture and becomes converted into cartilage and afterward into bone by its own organic forces. He also says that "If one of the bones which will unite by provisional callus when fractured, be extirpated entirely and its periostium with it, the lymph which is effused by the surrounding tissues, will very probably form a new bone."

Here again we have as the active reparative agent, lymph with the power of self organization.

Breschet and Villerme conclude from their experiments that the union of broken bones is not brought about exclusively by the effusion of a particular fluid which is changed into osseous substance, nor to the ossification of the periostium, nor to the granulations produced from the surface of the fracture, but that it is dependant upon all these circumstances together.

Dr. Miller says† that the blood effused about the injured part is absorbed, after which a plasma is effused which is the offspring of every tissue involved. This plasma consolidates by the absorption of the serous portion, and the organization of the fibrin. Ossification beginning at the periphery being begun by the original bone, "continued and maintained by the soft parts, first by the original periosteum, then by the ordinary tissues, which have come to assume the appearance and functions of the investing membrane of bone."

Dr. Gross‡ says that the repair of bone is similar to that of soft parts and may be divided into four stages. "The first stage is that of preparation in which the extravasated blood is absorbed and the products of inflammatory action disposed of."

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* Prin. and Prac. of Surg 2d American Edition, page 228.

† Prin. Surg. 4th American Edition, page 616.

‡ System of Surgery, 3d Edition, Vol. 1, pages 862 & 3.

In the second stage "the ends of the bone, the periosteum, and the other soft parts in the immediate vicinity are abnormally red and injected, "and covered by plastic matter." This is "most abundant on the surface of the bone," but is found also "between the periosteum and the muscles, and among the muscles themselves," all of these structures being more or less actively engaged in the process of repair." "A similar substance is also poured out within the medullary canal, the *lining membrane* ot which is also in a state of inflammation, as is evinced by its discolored and injected condition. The newly effused matter becomes gradually more and more solid, which in the third stage is converted "first into fibro-cartilage, then into cartilage, and finally into bone; or more correctly speaking, cells are developed in the new substance into which osseous granules are deposited."

Thus "two layers of bony matter are formed, one lying on the outer surface of the fragments, the other within the medullary canal." "These two strata temporarily hold and support the fragments, until osseous matter is deposited between the ends." A union having been thus effected. In the fourth stage or that of completion, the provisional callus having performed its office is removed by absorption.

In certain bones, as the "olecranon, acromion, patella and neck of the femur, the union instead of being effected by osseous matter, is generally by fibrous, ligamentous or cartilaginous substance.

Dr. Hamilton, in his work on fractures and dislocations,* states that it is his belief "that the reparative material consisting originally of a plastic lymph, is poured out from the vessels of the medullary membrane, the periosteum, the broken ends of the bone, and more or less from all the lacerated tissues, which are immediately adjacent to the seat of fracture, and that after a period longer or shorter, this lymph becomes organized, and begins to receive from the same sources particles of bony matter, through which the consolidation is effected." That in a few cases fractures unite without any intervening reparative material, and that granulations or inflammatory exudations become transformed into bone."

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* First Edition, page 45.

He seems also to hold that the amount of callus is dependent upon the amount of inflammation established,* and that the reason why callus is not found in fractures of the olecranon, patella, etc., is because the amount of excitement and inflammation is usually absent which alone determines its formation.

Dr. Gross assigns as a reason for its non-formation in such cases,† "the inordinate secretion of synovial fluid, which mingling with the effused plasma, impairs its vitality." But says that "the most efficient reason is the want of nourishment of the smaller fragment produced by the laceration of its nutrient vessels."

Dr. Henry H. Smith‡ states "that the inflammatory action developed by the injury leads to an effusion of plasma around the bone, and to its organization" in the same manner that fibrin becomes organized.

Rockitansky says that‖ "It is now beyond doubt that in the formation of callus no ossification of the periosteum takes place, any more than of the surrounding soft parts." But that in the first formation of callus, "the development of the whole osseous mass proceeds from the bone only, is not fully ascertained, probable though it be."

He also speaks of the part the "*medullary membrane*" plays in the process of repair.

Paget states that§ "The union of fractures is commonly effected by the organization of new material connecting the fragments."

It is needless to quote authors further, for it will be seen by the examination already made that the same doctrines have been generally taught during the last two hundred years, although during that time a great advance has been made in our knowledge of pathology. One author seeming to accept as truth, the statements made by a previous one, and thus propagating errors having their origin in that notion, which unfortunately still prevails to a great extent. That we must furnish an explanation for every phenomenon presented to us, whether we can base the same upon observed facts, or upon a hypothesis manufactured for the occasion.

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* Page 50.

† System of Surgery, Vol. i, page 864.

‡ Principles and Practice of Surgery, Vol. i, page 537.

‖ Pathological Anatomy, Vol. iii, page 120.

§ Surgical Pathology, 3d American Edition, page 177.

It will be observed that the authorities examined nearly all agree in one thing, that is, that the essential agent in the process of repair of fractured bones is an effused material, spoken of under the various names of "plasma," "plastic matter' and "lymph." Although there are differences of opinion as to the tissue or structures furnishing it.

Now in the first place is it true that such an exudation is found around and between the ends of fractured bones, which becoming organized repairs the injury, and if so, how does it become organized?

The statement is* "that when the exudation is completed, a quantity of finely molecular or dimly-shaded substance, like homogenous or dotted fibrin, begins to appear in the space in which the bond of union is to be formed. At first there is no appearance of nuclei in it: it seems to be merely a blastema of fibrin." But after a while nuclei are to be seen in it, presenting themselves as oval bodies. They are irregularly scattered through the mass, but firmly imbedded in it.

The blastema gradually acquiring a filamentous appearance, and then the filamentous structure, the nuclei undergoing but little change during this time. This semi-organized material is known by the name of nucleated blastema, and seems to have a most wonderful power of adaptation, as from it may be formed any, and all of the various tissues of the body.

In the case under examination it is held that it may become directly converted into osseous tissue, or that the same end may be reached by a preliminary conversion into fibrinous tissue or cartilage. An examination will not be entered into concerning these changes, for in this inquiry we are only particularly interested in the startlng-point, for that being settled, all the future steps in the examination become comparatively easy.

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* Paget Surgical Pathology, 3d American Edition, page 142.

This doctrine assumes that nuclei, cells and fibres, originate *de novo* by spontaneous generation. A doctrine that has been entirely overthrown by modern research. For it is now established that a cell can no more originate by itself, without the parentage of a pre-existing cell, than can an entire animal so originate.

The truth is, that no such exudation, (in the sense used by the authors quoted,) is found about the fragments of fractured bone.

In some cases fibrin may be found about the seat of injury, but this is not effused or poured out, but manufactured in the localities where found.* It does not take part in the reparative process, but is removed by the lymphatic vessels, and is only found because the inflammatory action stimulates the cells to produce it faster than it can be conveyed away by these vessels to the blood, from which it is removed by the liver and kidneys.†

When a bone has been fractured the periosteum grows dense near the edge of the fracture, then swells up, and in this swelling several layers may be distinguished, and all more or less distinctly traced into the periosteum which still remains unthickened. It is now that an exudation is said to have taken place, it being taken for granted that every swelling proves the occurrence of an exudation, and that the exudation has here taken place between the periosteum and the bone. But careful examination shows that no exudation exists in the swelling, it being organized in its whole thickness. The microscope showing at the surface of the bone a slightly striated substance, and in it numerous small cells.‡ Advancing toward the periosteum, the more do divisions of the cells occur, until at last the small connective tissue cells of the periosteum are met with. These layers constantly increase in thickness and in number, by the proliferation of the cells of the innermost layer; these accumulate between the bone and the relatively still normal parts of the periosteum, constituting the swelling or the so called plasmatic exudation around the ends of the bone, which instead of being a fibrinous exudation, or plasma, is made up of new cells, that are formed from, and are the direct descendants of pre-existing cells. These layers may be converted into cartilage before the deposit of ossific matter, but this is not necessary, and perhaps not even the rule, as the transformation may proceed directly from the connective tissne.

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* Virchow Cel. Path. 1st American Edition, page 435.

† Dalton, American Medical Monthly, October, 1860.

‡ Virchow Cel Path., page 468.

It can not be claimed, however, that the callus formed about the ends of fractured bones is always entirely a periostial formation, for ordinary connective tissue under some circumstances may be converted into an ossifiable tissue, as is evinced by the formation of spicula and nodules of bone extending for a considerable distance into the surrounding soft parts, in such a manner as to preclude the idea of their having been formed by the direct proliferation of the periosteum outwards. The ossification of the internal coats of the arteries is a good example of this transformation of connective tissue into bone.

At the same time this exterior callus formation is going on in the periosteum. Another of an entirely different kind is going on in the midst of the bone, from the medullary tissue, by which the medullary cavity becomes occluded. This does not take place in consequence of inflammation of the so-called endostium or medullary membrane, under the influence of which a plastic matter is poured out, for no such membrane lining the interior of the medullary canal exists.*

When a bone is fractured a number of the little medullary spaces are opened, and when matters follow a regular course, the still closed medullary spaces in the neighborhood become filled with callus by new lamella of bone attaching themselves to the internal surface of the osseous trabecula which bound the spaces, as in the ordinary growth of bone in thickness. The original layers become compact by the deposition of concentric layers. In this manner, after a time a new layer of bone is formed occluding the end of the medullary canal.

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*Morel's Histology, 1st Amer. Ed., page 32. Virchow's Cel. Path., page 453.

The change here is by the transformation of the already existing medullary cells into bone corpuscles for the repair and closure of the medullary cavities opened. By this process the injured bone does not increase in length, as may be demonstrated by an examination of the bone remaining in a stump after amputation. It is not by this process then that the breach of continuity is repaired or bridged over, but by the transformation of the periostial layers before described.

I think we may now safely conclude as did Du Hammel long ago, that from the periosteum proceeds mainly, the reparative action by which the union of fractured bones is accomplished. While he was correct as to the beginning and the end, he was mistaken as to the steps of the operation, as his notion was that a layer of lymph or plasma was effused on the inner surface of the periosteum which becoming organized by a series of transformations, was converted into bone.

Is it not a legitimate conclusion that the reason why fractures of the neck of the femur within the capsule of the olecranon and of the patella, are so seldom repaired by osseous union, is because of the absence of periosteum in these localities? It is certainly a better explanation than that attributing the result to "the excessive secretion of synovial fluid which diluting the plastic lymph renders it inoperative," or that one based upon the absence of sufficient excitement to cause the same exudation to be poured out..

It was formerly believed that whenever a bone was denuded of its periosteum, the exposed portion must necessarily die and exfoliate, but this is not a necessary consequence, for if the bone be otherwise healthy and uninjured, granulations will spring up and cover it without the least exfoliation being thrown off. This was long since observed, and the only difference of opinion now existing on the subject is as to the source of the granulations. The general belief is that they spring up from the bone itself. While it is admitted that bone corpuscles may undergo transformation, losing their line, by a system of division and proliferation becoming converted into a substance resembling marrow, constituting the granulations, which by a further advancing or retrograding transformation, may be converted into either bone corpuscles or pus. It is certainly not their only origin.

Three cases under my observation during the last year, convince me of the fact.

Corporal B., First U.S.C.I., was wounded during the assault upon Fort Fisher, Feb. 14th, 1865, by a fragment of shell striking him over the left parietal bone. The bone was entirely bare, the integument and periosteum having been carried entirely away from a surface one and a half inches wide by two and a half inches in length, leaving the bone in other respects apparently uninjured. The lost tissue was rapidly reproduced, and a perfect recovery made.

This case was carefully watched until recovery was well advanced, and granulations did not spring from the surface of the bone, but commenced on the margins of the periosteum, and advancing toward the centre covered the bone.

In both of the other cases, one at Point of Rocks, Va., and the other at Goldsboro, N. C., amputation has been performed at the middle of the leg. In consequence of undue pressure slight sloughing of the anterior flap had taken place, allowing a small part of the anterior portion of the tibia to become visible. This over a circular space of half an inch in diameter was denuded of its periosteum. No exfoliation occurred in either case, but as in the case of the head, granulations beginning at the circumference and on the margins of the periosteum, made their appearance and extending toward the centre, soon covered the bone.

In other cases, when bone had been denuded and granulations made their appearance, not beginning at the circumference, I have had reason to think that they had their origin from minute fragments of the inner layers of the periosteum, left attached to the bone.

When in necrosis a portion of the shaft of a long bone dies in its entire thickness, it is not uncommon to find the dead portion enclosed within a shell of bone of new formation, and the origin of this has excited much attention.

Perhaps the most common opinion is as clearly stated by Dr. Gross as by any of our modern authors. He says* "While the absorbents are engaged in detaching the dead bone with a view to its ultimate removal, the capillaries take upon themselves the duty of throwing out material for the formation of the substitute or new bone. The process by which this is accomplished is similar to that which presides over the creation of the original structure. The first step consists of a deposit of plasma, the result of the incited action of the vessels caused by the irritation of the necrosed bone, and this substance becoming organized is gradually converted into fibro-cartilage, which in turn, gives place to cartilage, as this ultimately does to osseous matter."

This theory of the exudation of plasma having been already noticed, it remains to determine if the periosteum is not here, as in fractures the active agent in the work of reparation.

During the last century, a number of observers announced that the periosteum produced the new formation of bone found after necrosis, and the correctness of the statement seems to have been proved by the experiments of Troja, Blumenbach, Desault and Koehler.† In these the bone was invariably reproduced, though there was nothing left of the old bone that could furnish the new formation except the periosteum.

They as well as Weidmann,‡ also observed that in cases where the entire shaft of a long bone had suffered necrosis, it was never reproduced, if the periosteum had also been destroyed, and that in those cases where the bone was restored, the periosteum, separating from the dead bone, swelled up. This swelling being attributed as in the case of fractures to effused material on the inner surface of this tissue, but this swelling we have already seen is caused by the proliferation of cells and the development from them of new layers of the periosteum, these becoming ossified envelop the dead part in a more or less complete shell of new bone, which finally assumes to a great extent the shape and functions of the lost organ.

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* Principles and Practice of Surgery, 3d Edition, Vol. i, page 812.

† Troja, De Novorum Ossium in integris aut maximus, etc., 1775. Koehler, Experimenta Circa Regenerationem Ossium. 1786.

‡ Weidmann De Necrosi Ossium.

Dr. Gross admits that the perfection of the new bone will be in proportion to the integrity of the periosteum.* He having found that when this membrane suffered much from the inflammation preceding and accompanying the necrosis the reproductive process was tedious and difficult, and often inadequate.

It is not worth while to examine the theory that when the shaft of a bone dies, leaving merely its articular ends, that the new bone is formed exclusively by these ends. Osseous matter gradually extending from them until, meeting in the centre, it unites and thus restores the part lost. Such a doctrine can not be maintained, for it is entirely contrary to the original formation of bone.

The experiments of M. Olliers, of France, show that periosteum not only has reproductive power when attached tô bone, but also when separated from it by injury or surgical operations as well as forming bone, when attached or unattached to bone.†

He ingrafted the periosteum into parts outside of the normal limits of ossification, and found as the result, the formation of true bone. The bone thus formed was found to be composed of compact osseous tissue, covered with its own periosteum, and containing in the interior medullary spaces. He not only obtained reproduction, when the shaft of a bone had been removed, but also when the articular extremities had been taken away, if the capsule and ligaments were left continuous with the periosteum of the resected bone.

He also found that when the periosteum was removed from a living animal, and buried in the tissues of another animal of the same species, new bone was formed. And that when taken from a recently dead animal and placed in a living animal of the same kind, new bone was also formed.

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*System of Surgery, Vol. i, page 813.

†Journal de la Physiologie. 1859 & 1860.

From the foregoing observations the conclusion seems to be a legitimate one, that in the reproduction and repair of bone, the essential agent in the work is the periosteum, and not a self organizable lymph or plasma.

If so it necessarily follows that in our operations involving the removal of bone, the chance of a restoration of the osseous tissue lost, is exactly in proportion (other things being equal,) to the care used when dealing with the periosteum.

When a resection is done, if this membrane is carefully separated from the bone to be removed and left in connection with that portion covering the undisturbed bone, a reproduction of the bone removed will usually occur. But if the periosteum is removed with the bone, or from any cause loses its vitality nothing approaching a complete restoration takes place.

The fact that many cases have been reported where operations for the removal of bone, have been followed by the most favorable results and where evidently the importance of saving the periosteum was not recognized, and therefore no eff rts made to preserve it, does not interfere in the least with the correctness of the above conclusions. For in such cases the operations have been performed after inflammatory action and disease, have so thickened and separated the periosteum, that it has been left behind, without the exercise of any special care, or where the injury rendering the operation necessary has fortunately separated it from the bone to a greater or less extent, and it has thus been accidentally left behind in the wound.

During an army experience of four years, I never witnessed a reproduction of osseous tissue where any considerable portion of the cleft of a bone had been removed as a primary operation. Unless care was taken to separate from the bone removed, and leave in the wound the periosteum.

I will confess to having myself resected a good many bones while ignorant of the necessity of leaving the investing membrane behind, and although many of them recovered, the chasm in the bone left by the operation has never been bridged over.

It being a more agreeable task to speak of successful cases than of unsuccessful ones, I will conclude this paper by relating very briefly some of the particulars concerning certain cases in which a more satisfactory result was obtained:

CASE I.—Col. C. received October 27th, 1864, a gunshot wound in the left arm. The ball entering on the inside of the arm about two inches above the wrist joint and passing upwards, made its exit on the outside of the arm about three inches below the point of the olecranon, badly breaking up the ulna in its passage, leaving however both of the articulations intact. Two days after the receipt of the injury, it was deemed advisable to remove the broken fragments of the ulna by an operation. This was done by making an incision down to the bone, and extending from the wound of entrance to that of exit. Many fragments of bone were removed which together made up almost the entire bone. There only being left behind about two and a half inches of the upper, and one inch of the lower end, the broken ends of these portions of the bone left behind were smoothly sawn off. Although the periosteum in this case was much lacerated and torn it was carefully separated from each fragment removed, and its connections as little disturbed as possible. After the operation the arm was placed upon a splint, and the wound treated in the usual manner. And although this officer was unavoidably placed under bad hygienic influence in General Hospital, where considerable sloughing and secondary hæmorrhage occurred, greatly protracting the cure, the final result was highly satisfactory, as the lost bone was reproduced, and when I had the pleasure of examining the arm last October, just one year after the operation, all of its functions had been regained, with the exception of a slight loss of power to rotate the arm. The new ulna though not quite so symmetrical, seemed to have all of the solidity and value of the one in the uninjured arm.

CASE II.—Private Jas. Downing, Fifth U.S.C.I., was wounded in front of Richmond, Va., September 30th, 1864, by a ball from a spherical case shot, which entered on the outside of the left shoulder, fracturing the upper portion of the shaft, neck and head of the humerus, and lodging in the head of the bone. On the first of October a U shaped incision was made on the outside of the arm over the injured bone, and the head of the bone together with about two inches of the shaft removed. Every effort was made to not only save the periosteum, but to leave it attached to the capsule about the joint. The operation was followed by the usual treatment.

A good deal of suppuration and some sloughing took place. He remained in Hospital, (Point of Rocks, Va.,) about three months, when he was sent North. He afterwards returned to his regiment at Raleigh, N. C., and was discharged from the service.

I examined his arm eight months after the operation, and found that the lost bone had to a great extent been reproduced The arm was shortened about one inch. There was free motion at the shoulder joint, and the arm exhibited a considerable amount of strength.

Case III.—Sergeant William Shanks, Fifth U.S.C.I., was wounded September 30th, 1864, by a fragment of shell weighing seven ounces, striking him on the inside of the right leg near its middle. About three inches of the tibia was badly shattered. The fragments of bone together with the piece of shell which had lodged in the wound, were removed, and the broken ends of the tibia sawn off, using as in the former cases the utmost care to save every scrap of periosteum. An examination made eleven months afterward, revealed the fact of the reproduction of the bone removed.

Case IV.—James Feltis, policeman, received a gunshot wound on the night of Aug. 14th, 1865, in New Berne, N. C. The ball being fired from a Springfield rifle, at a distance of some forty yards from him, entered the posterior portion of the arm, emerging on the anterior aspect, striking the humerus just below the surgical neck and badly fracturing the shaft for three inches and opening the joint. On the morning of the 16th, I removed the head of the bone, sawed off the broken end of the shaft, and removed the broken fragments of bone.

The length of the bone removed was just five inches, including the head.

Recovery rapidly followed the operation. On the first of October, the wound was entirely closed, and the arm shortened two inches, he having at that time very considerable use of the limb, being able to place the hand on the top of the head. By a letter from Dr. Rice, dated New Berne, N. C., Dec. 15th, 1865, I learn that the arm has acquired a fair degree of strength, and that new bone is evidently being produced, the shortening remaining about the same. In the operation the utmost pains was taken to save periosteum, and to disturb the tissue as little as possible.

Other cases might be presented, but, unfortunately, they passed from under my observation before the question could be settled as to the amount of bone reproduced.

Medical Societies.

The Cincinnati Academy of Medicine.

R. R. MC ILVAINE, M.D., PRESIDENT.
W. H. MCREYNOLDS, M.D., Secretary.

[Discussion on Cholera Continued.]

NOVEMBER 20, 1866.

Dr. White read the following paper in reply to Dr. Bartholow on the causes of Cholera:

MR. PRESIDENT—It is my design on this occasion, first to notice some of the remarks read to the Academy by Dr. Bartholow last Monday evening.

The Doctor seemed to think the question, "Are we discussing the causes of Cholera, or the general subject of Etiology," *pertinent* in view of the wide range over which this discussion has wandered. With due respect, permit me to say this was an *impertinent* question.

In reference to the alleged causes, there has been no wandering over a wide range. His assertion, however, may be attributed to defective memory. Dr. White did not confine himself to thrice-told tales, and overlook some of the more recent contributions to the study of the special causes of Cholera. The theory of Dr. Snow was given somewhat in detail, with the remark that "the subject is an important one and deserves farther investigation. Allusion was made to the fungoid theory of Brittan, Swayne and Dr. Budd, which is a modification, or as some may suppose, an advance upon that of Dr. Snow. We will consider this matter directly.

We agree that the essential cause is beyond our reach; that approximation to its physical properties has been attained; that it, the poison, has a specific gravity somewhat greater than the atmosphere, and possesses also considerable power of diffusion; that its tendency is to concentrate in low situations, and to follow the direction of prevailing winds, or atmospheric currents; that it may diffuse itself, to a certain extent, against gravity and opposite to prevailing winds.

We instanced a moderately high temperature and a dry state of the atmosphere as being peculiarly favorable to the development of Cholera poison!

The extremely interesting fact that transudations from the bloodvessels into the alimentary canal follow the laws of osmosis, or that an outward diffusive current is produced by the poison," we assent to, but do not regard it as a very new contribution.

With regard to the mode in which this peculiar poison is propagated, the Doctor gave prominence to the rice-water stools, as an agent. He declared "there is every reason to believe that the rice water is *the* vehicle for the propagation of the poison matter; that in a dry state "Cholera dust" of a specific gravity a little greater than the atmosphere, may arise in the air, and, afterward it may obey the law of gravity and fall! or diffuse itself in a *still* atmosphere reaching a higher level, or travel against the wind somewhat, or follow in the direction of prevailing atmospheric currents!

"To sum up: The specific poison of Cholera enters the blood from the air, or is swallowed. These are the chief modes of the propagation of Cholera!"

A very plausible theory. Is it true? 1st. We will summon the microscope to our aid in deciding this question. We will try to be as concise as possible. A preliminary remark or two.

"Dr. Budd, like Dr. Snow, believes that Cholera is propagated by means of water contaminated by the Cholera poison being taken into the system; but he goes somewhat further than the latter in fixing upon the *exact nature of the poisonous agent!* Microscopic fungi had been found in the dejections of cholera patients. Dr. Budd carried his researches to the extent of finding the fungi in question, both in the water and in the atmosphere of Cholera districts."

"The announcement of this discovery was received with an enthusiasm proportionate to the despair which had hitherto surrounded all attempts to unravel the mysteries of the pestilential visitation, and many of the more credulous were qnickly disposed to see in the *annular bodies* mentioned the long sought "fons et origo mali."

The question has arisen, viz.: Is the presence of these bodies limited to Cholera dischargesf We answer in the negative. Dr. Bashan has discovered the so-called Cholera-cell in the urine of dyspeptic patients; Mr. Bush considers that he has demonstrated that the large bodies figured by M. M. Swayne and Britton are nothing more than a species of uredo, or cereal *smut*. This vegetable parasite is not destroyed by its passage through the alimentary canal, to which it gains access in the bread eaten. The annular bodies, he maintains are not the sporules of this fungus in an earlier stage, but are starch granules derived from the food.

The Royal College of Physicians of London appointed a Committee to report on Cholera, which Committee proceeded to make *experimental* inquiries on this subject. Much time and attention was devoted to it. In brief, they say, "Having, in the first place, satisfied ourselves of the distinctive characters of the bodies found in the rice water dejections, we next sought to verify the observations of Dr. Brittan and Dr. Budd with reference to their presence in the air and drinking water of places infected with Cholera.

Our inquiries were afterwards directed to the nature and properties of the newly discovered corpuscles, and to the question of their occurrence in other diseases. In this investigation, we soon perceived that objects totally different had been regarded as identical.

The reporters go on to say: "The *facts* to be detailed in the subsequent part of this report will show that the bodies found in the rice-water dejections have no peculiar relation to Cholera; and if they should occasionally be present in the atmosphere, or impure water, this will not happen exclusively, or even especially, in districts infected with the epidemic.

Time will not permit the presentation of the particulars of the observations to the Committee. We will merely state that microscopic observations were made on water condensed from the atmosphere of infected localities, to detect, if possible, *the poison ;* on the annular bodies of Mr. Brittan, cholera-cells of Mr. Swayne, and cholera fungi of Dr. Budd. Earth, air and water, dejections and ejections were submitted, by competent observers, to the microscope, with the following as the principal results and the conclusions justified by them:

1st. Bodies presenting the characteristic forms of the so-called Cholera fungi are not to be detected in the air, and, as far as our experiments have gone, not in the drinking water of infected places.

2nd. It is established that, under the term "annular bodies," "Cholera cells" or "Cholera fungi," there have been confounded many objects of various and totally distinct natures.

3rd. A large number of these have been traced to substances taken as food or medicine.

4th. The origin of others is still doubtful, but these are clearly not *fungi*.

5th. All the more remarkable forms are to be detected in the intestinal evacuations of persons laboring *under diseases totally different in their nature from Cholera!*

Lastly, we draw from these premises the general conclusion, that the bodies found and described, are not the cause of Cholera, and have no exclusive connection with that disease; in other words, that the whole theory of the disease which has been propounded, is erroneous as far as it is based on the existence of the bodies in question."

It may be that I have not been able to obtain "more recent contributions to the study of the special causes of Cholera." As we are in the pursuit of truth, more recent contributions than I have been able to obtain would, by no means, "be overlooked." With such light as I have been able to borrow, I can not see that we have made much if any advance toward the detection of the *specific cause*, or that the "thrice told tales" narrated are not as pregnant with the matter in question as the "rice water discharges." The microscope has failed, and chemistry has succeeded no better. Vogel and Heller had observed, that the addition of nitric acid to the distillate of rice water evacuations produced a red tint in the liquids, and Simon had noticed the production of the same color by addition of nitric acid to the liquid motions of typhus Dr. Ayres had, some years before, obtained the same roseate tint by the addition of this acid to the distillate of night soil He repeated the experiments of Vogel and Heller on Cholera evacuations, with the same result, but being struck with the exact resemblance of the reaction of the distillates of Cholera evacuations and night soils, he was led to ascertain whether fresh healthy fœces would yield the same results; and he found that such was the case in all minor degrees, thus proving that this peculiar reaction is not a pathological peculiarity of Cholera, but a result of the putrefaction of fœcal matters."

A word or two on producing Cholera Asiatica in cats and dogs by feeding them on the rice water discharges. It is conceded that innoculation has failed, and it is stated, "the other experiments, though they gave rise to choleraic symptoms, were not conclusive, for the alimentary secretions of certain other patients gave rise to like effects."

Dr. Schmidt says he never knew, or heard from others, of the dogs or cats of families sick with Cholera, being affected with symptoms of that disease, and we believe that common experience in England and America would coincide with that statement. He further observed that it is common to find *dogs eating with impunity the vomits of their sick masters.*

It may be pertinent to remark here, "that epidemic scourges have been accompanied by corresponding, if not absolutely similar diseases, among brutes, and by blights in vegetation; and that the domestic animals are more prone than wild animals to such scourges."

Marshall, deriving his information from various journals records the death of several horses, a mare, and racoon, and some dogs, from this disease. But, singular as it appears, knows of no instance of cattle, sheep or pigs succumbing to the scourge, or even having been attacked by it. It seems to me, that unless the pigs of the old country differ very much in their tastes and habits from American pigs, they must have had their noses in close proximity with the *annlar rings*, *cholera cells*, or *cholera fungi*, gulping them down in their *moist* state, or snuffing them up in the form of *cholera dust.* It may be, however, that like the dogs Schmidt speaks of, they were proof against such poison!

Microscopic and chemical examinations, and the voluntary and involuntary ingestion of the rice-water discharges by cats dogs, and (we see no reason to exclude pigs,) having failed to prove that the specific poison of Cholera has been discovered, or that its only habitat is in these dejections, we should still not be discouraged in our search.

"If we roll the stone of Sisyphus, it is not in vain. The exertion, though it may be useless to futurity, is salutary, nay, absolutely necessary for us.

If our utmost efforts are incapable of placing us one step in advance, still a moment's cessation from labor would cause us to retrograde.

Dr. Bartholow said—Dr. White has set up a man of straw to knock down. I did not say that the cause of Cholera resides in any particular fungus. If he had followed my paper carefully, he would have seen that I said Cholera has a particular mode of propagation, just as smallpox or measles has. Neither the microscope nor Chemistry has been able to isolate the one or the other. His wit was expended in vain.

Dr. White.—I ask for infoımation. Dr. B. says the cause is carried in the rice water discharges, whether it is in a fungus or annular ring, I know not; there must be something in this Cholera dust he speaks of.

Dr. Bartholow.—The poison may reside in the dejections As in the case of smallpox, we know how the poison is conveyed, but no chemist has been able to isolate it.

Dr. White.—Dr. B. has not mended the matter. He has not showed how he knows the poison to be in this Cholera dust.

Dr. Carroll.—In 1849, Cholera was worst in July in this city, and in that month more rain fell than in any one month for fifteen years. If dryness favors its propagation, how can we account for this. Here was the greatest mortality during the month when the most rain fell. If a dry state of the air is ever necessary to propagate it, the case was different in this instance. In New Orleans and Mobile while the rain was constant, there was much Cholera. In Western Texas, Metamoras and Yucatan, where the weather was very dry, the Cholera was very bad. In the leading city of Yucatan, four thousand of the population perished. In very dry weather it crossed the Isthmus and visited San Francisco. In European cities where the filth is so great, cold does not seem to have much effect upon it. Here our Winters kill it, or hold it in abeyance. A gentleman living at Round Grove in Illinois, took Cholera in St. Louis and died. Round Grove, where he was buried, has one hundred and fifty inhabitants. All went to his funeral, and thirty took the disease. In this instance there was no chance for the rice water discharges to be the means of propagation.

Dr. Patton said—Cholera is an epidemic rather than a contagious disease. There are several facts common to all contagious diseases, which do not pertain to Cholera. Infectious maladies, as a rule, attack only once. They are, usually, most violent at the first outbreak. They have a period of incubation. They can be imparted by innoculation.

All attempts to propagate Cholera by ingrafting the blood, or introducing its different products have failed, and the sucking infant has not contracted the disease from the mother.

The power of contagion is operative only at a short distance. Infectious diseases prevail with equal intensity in hot and cold latitudes; Cholera was never known near the poles; whereas smallpox carried off one-fourth of the population of Iceland in 1707, and nearly depopulated Greenland in 1833.

Where care is taken early and completely to separate at a sufficient distance the diseased from the healthy, contagion does not appear among the latter. Individuals with an infection when removed to a healthy neighborhood, become centres of a new contagion; while attendants in a Cholera hospital in a healthy neighborhood escape altogether.

In short, for each individual instance affirming its contagiousness, a score can be adduced denying it. The most plausible and comprehensive hypothesis which can be advanced relative to its propagation is that which regards the essential or specific cause, as possessing the power of multiplying or reproducing itself in the atmosphere; and also capable of being wafted through the air, as well as carried a short distance—when of unusual intensity--by inanimate objects, even the clothing of persons who are themselves proof against it.

This peculiar aerial principle may be suspended in water, and enter the system by the breath or ingesta. The rapidity of its generation, noxiousness, and length of continuance in any given place being, as a general rule, in the ratio of its insalubrity, or, in other words, in proportion to the prevalence of local predisposing and exciting causes. Foul air, heat and moisture are especially inviting to its endemic development and duration.

This theory explains its often *apparently* infectious nature; spreading slowly and gradually, in the immediate vicinity of those first affected, and thence in the direction of the greatest human intercourse. It likewise fully accords with its real epidemic character; traveling as it does, in opposition to every precaution, through a hot, cold, dry or moist atmosphere. "Under opposite extremes of temperature and climate, in the teeth of adverse winds, through immense deserts, over lofty mountain chains, and across wide seas;" and attacking, simultaneously, many individuals, at distant points, without any previous inter-communication. At one time it moves too slowly, or halts too long for contagion; while at another its rate of locomotion so far outstrips the progress of man, as to preclude the idea of its spreading, by a morbid poison emanating directly from one who either is, or has been the subject of the same malady.

This hypothesis harmonizes better with facts, and certainly has a greater weight of evidence in its favor than that of dissemination by contagion.

In the absence of positive proof of any theory, this was has the advantage too, of not bringing fear into contest with proper attention to the sick, which the idea of its being catching necessarily inspires.

Dr. Davis.—Those who oppose the doctrine of the contagion of Cholera cite different accounts of persons, and detachments of troops, attacked simultaneously without any ascertained direct communications with affected districts. Now what do they gain, in the argument, by this course? Not claiming any strict direct contagion, but a certain influence or material carried upon the person, in the clothing or other surroundings. I take cases from the Encyclopœdia of Medicine for examination and analysis. They cite its appearance at Orenburg. I have satisfactorily disposed of that in my remarks at a previous meeting. They cite, also, Surgeon Spence's (Fifty-Second Regiment) account of the appearance of the Cholera in the Sixth English Regiment at Colabath, near Bombay, in July, 1828. At that time there had not been a case of Cholera at Bombay, or near it, for months. Two men in the Sixth Regiment took the disease on the same evening. The disease continued to spread until sixty men and several women had fallen victims. Surgeon Spence thought there was no contagion here, because there had been no Cholera in Bombay, or near it, for eight months. This conclusion of Dr. Spence does not amount to a fact, but is only his opinion. Has not Cholera been absent from this city for eight months, and then broken out afresh? It has its seasons of rest. Has not Dr. Carroll told you how our Winters hold it in abeyance, while in the concentrated filth of some cities of Northern Europe, it overpowers even the counteracting influence of cold. Why may it not be in India, that certain unseen influences check or hasten at times the action of this contagious or infectious agency? That the contagious influence was held in abeyance for a time, is all that can be claimed for this case at Calabath. The non-contagionists also cite the statement of Mr. Annesley's, that the disease attacked the field force at Shalligaum in Kandiesh, and raged with violence among the corps of British troops on the left of the line, while the Seventeenth Battalion of Native Infantry on the right of the line were exempt, although they had constant communication with the other men. They do not tell us what were the circumstances and local condition of the natives and British. How do we know that all of the native troops who were liable to Cholera had not had the disease? What does all this prove, more than the case of Sunderland, which I have before cited? The case was similar in our own city, closely crowded localities formed a nest where the seeds of the disease germinated, and other localities escaped.

These are not facts cited by non-contagionists, but only their opinions. Why were such opinions expressed by British writers on the disease in India? They did not see much of it among the natives, for they, the natives, were not attended by British surgeons. Their reports were made up from what appeared among the British troops.

In Russia also at the first outbreak, reports and opinions were to some, though to a less extent, conflicting, because surgeons did not then examine so carefully as they did afterwards.

Dr. Lichtenstadt observed at Orenburg that it did not attack physicians and nurses, and hence concluded that it was not contagious.

Drs. Russel and Barry expressed the belief that it was contagious when they observed that it was very fatal among doctors and nurses at St. Petersburg. The difference was that at Orenburg and the forts around, a strict quarantine had been enforced, a good sanitary condition established, and thus the disease kept off until 1830. At St. Petersburg the filth was superabounding, and as is customary in Northern Europe, the houses kept closed; the outside air shut off, and the seminant principle confined as in a nest for development. It here had the best opportunity for rapid and fatal progress, except perhaps in the caravans to Mecca.

If my position is right we may expect men, as light increases, more and more to conclude that Cholera is contagious or infectious Such instances as I have presented are truths. Dr. Patton has not told us of a single instance where it crossed seas or continents, except with human travel. I will not go as far as Dr. Copeland who says it never has, but I will say that I do not know of a single instance. It appeared at Borneo, when they did not know of any communication with infected localities, but there was much travel to and fro.

Dr. Patton.—In reply to Dr. Davis' request to give an instance wherein Cholera had progressed more rapidly than was compatible with contagion, he would refer to that of two vessels sailing in November, 1848, from Havre to New York and New Orleans respectively.

Their crews were healthy nor had there been any Cholera in Havre and Paris, or in any place whence the passengers came. The disease broke out suddenly on the vessel bound for New York, after being at sea sixteen days, and on the one for New Orleans, after twenty-six days. It died out, within a fortnight, at quarantine in New York, but spread rapidly from New Orleans, owing to favorable endemic and atmospheric causes.

The case in India referred to by Dr. Davis could be explained on the epidemic theory. The disease having previously been in existence there, its re-development was in accordance with a well known fact of epidemics, viz.: After their total disappearance they may suddenly return again with all their former severity. In this instance the Cholera atmosphere, presuming it to have a greater specific gravity than common air—would, in the absence of winds, lay next the earth, and be inoperative till quickened into reproduction and activity by endemic causes and diffused by atmospheric currents.

At the last meeting, several facts were mentioned as common to contagious diseases, and applying peculiarly to them, in contradistinction to epidemic affections, Cholera, being enumerated among the latter. Some general facts of epidemics will now be stated very briefly, and it will be noted that they belong equally to Cholera.

They frequently come suddenly upon a country, spread rapidly through it, and cease as unaccountably as they began. They traverse the same geographical route; originating in the east, and moving in a westerly direction. They generally encompass the globe, and are never everywhere present on their route, at the same time. Few or no straggling cases occur after their abatement. One attack is no protection against subsequent attacks.

Epidemic influences injuriously affect the lower animals, as evinced by greater fatality among cattle during their prevalence. Their attack is more sudden than that of contagious affections. Their onset is marked by extreme depression of the vital forces. They have not a well marked course, with distinct stages, terminating after a certain number of days as the exanthemata. They spend their force especially upon the mucous surfaces, and generally give warning of their approach, for instance, Influenza by premonitory irritation of the air passages; Cholera by intestinal disorder.

The foregoing statements, if not altogether absolute, are nevertheless marked and constant enough to be characteristic, and apply, as specially and exclusively to epidemics, as those formerly enumerated do to contagious diseases, and both equally assign to Cholera a place among the epidemics.

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The Hypophosphites—Their Therapeutic Value. — Under this title, Dr. Ira D. Brown, of Albany, N. Y., contributes to the *Boston Medical and Surgical Journal*, (Dec. 21, 1865,) an interesting paper. After stating the proposition of Dr. Churchill, relative to the importance of phosphorus in the system, Dr. Brown relates a number of cases which exhibited the beneficial effects of the hypophosphites Used in solution, (calc. hypophos., sod. hypophos. aa℥ij; aquae Oj. M. A tablespoonful to be taken thrice daily,) the effects consisted in an improvement of the digestion, and relief of those nervous disorders which are the consequence of imperfect nutrition. The remedy should be continued for six weeks or two months. Great care should be observed in the selection of the drug, as many worthless imitations are put upon the market.

Few remedies have an *a priori* reputation so good as these preparations, and experience in their use will not disappoint expectations. The acknowledged importance of phosphorus as a constituent of the nervous tissue has rendered desirable an efficient means for its introduction into the system suffering for want of the element. The researches of the physiological chemist proposed the combination in question, simple, unirritating, easy of assimilation, and positively nutritive in quality. Their worth has been thoroughly tested, and may now be considered to be as completely established as that of cod liver oil or quinine. If their properties are accurately propounded, they will be used with intelligence; and, though affording no universal panacea for the ills to which flesh is heir, will prove to be an invaluable addition to the means of restoring nervous tissues.

Reviews and Notices.

Lectures on the Diseases of Infancy and Childhood: By **Charles West**, M.D., Fellow of the Royal College of Physicians, etc., etc., Fourth American from the Fifth Revised and Enlarged English Edition. Philadelphia: Henry C. Lea. 1866.

At the present time we have no English writer perhaps, on the Diseases of Women and Children more favorably regarded than the author of the volume before us. He has enjoyed unusual facilities for the study of Diseases of Children. In 1847 he gave a series of Lectures upon these topics to the pupils of the Middlesex Hospital, which were subsequently embodied in book form. From time to time this work has been subjected to various revision, until it is presented as we now have it in the handsome volume of the present edition, which embodies the results of twelve hundred recorded cases, and nearly four hundred post-mortem examinations, collected from the treatment of between thirty and forty thousand children.

West, on Diseases of Children, has already received the full favor and approbation of the profession. We observe that it has been translated into the German, French, Danish, Dutch and Russian languages, showing the general regard and appreciation of the book by the profession every where.

We will, therefore, at this time, content ourselves by simply repeating our former commendation; expressing our belief that it is for the general practitioner one of the best works in print.

For sale by Robert Clarke & Co. Price $4.50.

Obscure Diseases of the Brain and Mind: By **Forbes Winslow**, M.D., D.C.L., Oxon., etc., etc. Second American from the Third and Revised English Edition. Philadelphia: Henry C. Lea. 1866.

As expres uthor "the object of this work is to
point out nt, and characteristic symp-
toms th mpany serious and often
fatal a d disorder of the mind."
"The full of sad data, pain-

fully illustrating the folly of neglecting disease of the brain and mind in its incipient stage."——"Lamentable instances of insanity, suicide, homicide and murder, are matters of daily occurrence, springing out of unobserved and neglected affections of the mind."

We do not purpose at present to enter into an analysis of the Twenty-Five Chapters of Dr. Winslow's book. It discusses amply the various shades of mental disease, but as indicated in the paragraphs quoted from his preface, there is especial fullness on all those points bearing upon incipient developing mental disease, and all the topics treated of are fully illustrated with cases, "confessions," and conversations of the most interesting character.

Indeed, we have rarely read a medical work of so fascinating a character in the material presented; every chapter being most copiously and piquantly seasoned with anecdote, sketches, and personal notes.

Forbes Winslow is authority on his specialty, and his book will be sought for as a work of reference, and as indicated its style and matter will render it a most acceptable and readable companion to the medical student every where.

For sale by R. W. Carroll & Co. Price $4.25.

Braithwaite's Retrospect of Practical Medicine and Surgery:

Part LII. January 1866, of this old and well tried reprint has reached us. We need only remark that Braithwaite continues full up to the standard of excellence which it has so long maintained. We observe by a notice in the Part before us that hereafter there will be appended to the semi-annual issues a "Half Yearly Digest of the Medical Sciences" as contributed by the United States. This will materially increase the value of the issues. Price $2.50 a year for Braithwaite—The American *Digest* will be 80 cents separately, or $3.00 a year for both included.

For sale by Robt. Clarke & Co.

Editor's Table.

Our Engraving—Dr. Isaac Hays.—With this number of the ***Lancet and Observer*** we send our subscribers a fine steel engraving of Dr. Hays, editor of the ***American Journal of Medical Sciences.*** Dr. Isaac Hays is one of the veterans of medical journalism, having been identified with the *American Journal* for many years, and bestowing upon it a large share of its high national character. But aside from his position as an American Medical Journalist, he enjoys an enviable reputation amongst the first physicians of Philadelphia. For many years he has been one of the Surgeons of the Wills Hospital for Diseases of the Eye, and nearly twenty years ago, we had the pleasure of witnessing his operations in that Institution performed with a grace, and quiet steady hand, that commanded entire confidence and respect. Recently we notice that Dr. Hays has been complimented with the Presidency of the Philadelphia Academy of Natural Sciences. Dr. Hays is a high-toned gentleman ; is exceedingly sensitive of anything which may most indirectly tarnish the dignity of our profession ; and indeed this acute sensibility in part explains the meagre character of this notice, as he is one of those who doubt the propriety of extended biographical sketches of living medical men.

The Rinderpest.—Most of our daily papers are filled with accounts of the progress of the cattle plague in England and Europe. Amongst the most recent dispatches of this scourge are from our Consul at Liverpool up to date of January 20 ult. Thus far he reports that 70,000 cattle have either died of this plague, or been killed after taking it. It is probable that additionally hundreds of cases are not reported at all, so that these figures by no means represent the full and actual loss. Vaccination is being tried as a preventive. Inasmuch as these scourges amongst the lower animals have come in some way to be regarded as forerunners of Asiatic Cholera, an item of plague amongst animals in this country will be read with interest. We are informed by a very intelligent physician from Grant County, Kentucky, that in his county large numbers of hogs are dying off from an epidemic, materially different from the disease familiarly known in this country as "Hog Cholera." The animals sicken, become languid, helpless, refuse food, and linger a number of days before death. There is no diarrhœa, but frequently toward the termination of the case there is set up a dysenteric discharge from the bowels. The general progress of the case resembling the typhoid fever of the human animal, and a post-mortem examination revealing similar intestinal lesions.

NEW JOURNALS.

The Medical Record—Published by Wm. Wood & Co., of New York, and edited by Dr. George F. Shrady. The first number of this semi-monthly, heretofore announced in this journal, is received. It is for March 1st, being issued in anticipation of its date. It comes up to the high standard we had expected, being in general character and appearance very much the style of the *Medical Times*, the premature decease of which was much lamented. Amongst the Original Communications, we observe papers by Prof. Van Buren, Dr. Buck, Prof. Flint, Sen., Dr. Post, all of New York, and by Prof. Williams, of Cincinnati. Besides which we have the usual variety of Editorial, Reviews, Hospital Reports, etc., etc. Issued on the 1st and 15th of each month at $4.00 per year.

The Journal of Materia Medica—Conducted by Dr. H. A. Bates and H. A. Tilden, and published at New Lebanon, New York, by Tilden & Co., for $1.00 a year. This is the revival of an old monthly visitor, which we are pleased to see return to our editorial table.

The Chicago Medical Journal for January contains the Valedictory of Drs. Miller and Ingals, who retire from the charge of that journal, and are succeeded by Drs. E. L. Holmes, H. M. Lyman and R. M. Lackey, who give with their Salutatory an interesting *resume* of the history of the *Chicago Medical Journal.* This January number is much improved in paper and general typographical appearance, an enterprising spirit which we trust its readers will properly appreciate by increased patronage.

Prof. Simpson.—Amongst our notes of interesting foreign items, we find the announcement that Prof. Simpson, of Edinburgh, has received from the British Government the order of Knighthood. He was long since dubbed Sir Knight by a higher court—that of the medical profession of Christendom.

The Annual Meeting of the New York State Medical Society was held at Albany on the 7th of February ult., and is represented as having been a meeting of unusual interest, and attended by the best physicians of the State. Suitable resolutions were adopted concerning the death of Dr. Blatchford, a former President, Dr. Willard, the late Secretary, and others. Dr. Joseph C. Hutchinson, of Brooklyn, was elected President for the ensuing year.

Dr. James P. White, of Buffalo, has sailed for Europe, with the intention of being abroad for eighteen months.

M. Jobert de Lamballe, a distinguished surgeon, well known to students of Medicine visiting Paris, is suffering from mental derangement, and is confined in a Lunatic Asylum.

Dr. T. G. Thomas has been elected to fill the Chair of Obstetrics in the College of Physicians and Surgeons of New York, rendered vacant by the death of Prof. C. R. Gilman.

Price Current of Wm. J. M. Gordon & Bro.—In the advertising department of this journal will be found the Price Current of Messrs. Gordon, Manufacturing Chemists of this city. It should have appeared with last month's number of this journal, but was omitted by oversight. It will afford a convenient reference for physicians ordering their supplies; bearing in mind, however, that drugs have been for some time past subject to sudden and somewhat extreme fluctuations in price. We presume, however, there is no material change in the few weeks since this list was prepared.

The State Medical Society of New Jersey appears to have had an excellent season at its Centennary Meeting on the 24th Jan. ult. The President, Dr. Coles, delivered a poetical address, entitled "*Microcosm.*" Copious extracts are given in the *Philadelphia Medical Reporter,* from which we conclude the address to have been more than usually brilliant. Dr. Pierson, who has been Secretary of the Society for over thirty years, gave a historical sketch of the Society for the period embraced between the years 1766 and 1866.

Our Material—Thanks to our correspondents, is just now quite abundant. Several excellent articles are on file for use as rapidly as we can afford space consistent with variety. We had arranged some interesting matter on Cholera, clipped and condensed from a variety of sources, but the lengthy articles of this number have crowded these out, together with valuable *Abstracts* on the same subject, arranged by Dr. Fletcher. We hope our friends will be patient with us, but continue to forward their favors.

Personal.—We suppose the following note explains itself. We hope it will be satisfactory to parties concerned.

INDIANAPOLIS, FEBRUARY 4, 1866.

Dear Lancet: The letter in the last number of the *Lancet* signed X. and written by me, was not intended as a personal attack upon the members of the Marion County Medical Association. I would not intentionally wound the feelings of any professional gentleman in either Association, and beg those gentlemen to accept this public apology and regret.

W. B. FLETCHER.

Another Victim of the Risks Connected with the Medical Profession.—M. Bauchet, an extremely promising hospital surgeon, and assistant professor at the Faculty of Paris, has just died from the effects of a morbid poison, which gained access to the economy by an insignificant scratch on the finger, to which the deceased had paid no attention. He was well known as an indefatigable worker in the field of science, and died universally regretted. M. Bauchet was especially regarded and esteemed by M. Velpeau, and this veteran surgeon, deeply moved, paid at the funeral a warm tribute to his departed young friend.—*London Lancet and Medical Examiner.*

——A writer in *Once a Week* gives a description of a Russian ball at Moscow, during which the ball room was enlivened by the phenomenon of a snow-storm produced by the sudden lowering of the temperature of the room. The room being uncomfortably warm, a gentleman lowered a window from the top, when the cold air rushing in, so condensed the vapor near the ceiling, that it descended in the form of snowflakes.—*Med. and Surg. Rep.*

Married, on the 15th of February, 1866, *at precisely* 2 o'clock, at the residence of Dr. A. L. Underwood, St. Paul, Ind., by the Rev. B. F. Foster, of Indianapolis, Dr. RICHARD JOHNSON DEPEW, of St. Omer, Indiana, and Miss EMMA ELY, of St. Paul.

With this notice came to hand a slice of bride's cake, together with the kind remembrances of the lady. The newly wedded pair have our sincere good wishes, and the bride our congratulations on her introduction to the regular profession.

Editorial Abstracts and Selections.

Prepared by W. B. Fletcher, M.D., Indianapolis, Ind.

SURGICAL.

1. *The Endoscope.*—Among the more recent novelties of Medical and Surgical Mechanism is the Endoscope which is described by Dr. Chas. A. Pope, in a very interesting letter from Paris to the *St. Louis Medical and Surgical Journal*.

At this same hospital I have occasionally seen the application of the *endoscope* in the hands of its inventor, M. Desormeaux. Although ingenious, it does not strike me as being of much practical value. Thus far, at least, its revelations have not enabled us to treat the diseases of the urethra and bladder with any greater success so that, at present, it may be regarded as more curious than useful. By means of a perforated mirror, placed obliquely and arranged precisely like Hutchinson's ear speculum, the light of a lamp is projected through a silver tube into the urethra, the changes of whose walls we may plainly see, as also the margin of the prostate and the interior of the bladder. This last is accomplished by an angular catheter, having a small, glass window at the convexity or apex of the angle, which, whilst permitting vision, prevents the flow of urine which would obscure it. In the normal state the prostatic margin presents a crescentic shape, with the convexity posteriorly or inferiorly; if hypertrophied, this convexity is forward or superiorly. The inner surface of the bladder can be plainly seen, and the vascular ramifications on a whitish ground easily distinguished.

M. Desormeaux has several times observed encysted calculi and different fungous growths contained in the living bladder.

More than twenty years ago the idea of looking into the bladder was entertained by Segalas and others, but fell into neglect until a few years ago, when M. Desormeaux revived and accomplished it. This gentleman deserves much credit for his persevering efforts in this direction; and it is to hoped that, through the instrumentality of his urethroscope or endoscope—for he applies it to the bladder, and rectum also — valuable additions to our means of diagnosis and treatment may yet be effected. His pleasant manner and polite attention to strangers are quite remarkable, and enlist all such visitors in his favor.

2. *Chloroform Accidents.*—Dr. Chas. Kidd, of London, in a letter to the *British Medical Journal*, refers to chloroform accidents, in connection with a case of death from chloroform which actually happened in Australia. He states, that during this year (1865), he has extracted notes from various newspapers and medical Journals, of over a dozen deaths by chloroform; "deaths lying *perdu*, as it were, or hidden, but all bearing out the views of two hundred and fifty others,

that he in vain collected and offered the *British Medical* and other weeklies."

A case of death, during the administration of chloroform, recently happened in the city of New York, and although it was ascribed to concomitant heart disease, the further examination of that organ did not reveal an abnormal condition to warrant any but the conclusion that the death was really and directly due to the anæsthetic.

There is no fact more positively established, than that chloroform will sometimes produce death, in spite of all precautionary measures, and in the absence of any organic diseases, which are supposed to contra-indicate its use. If our readers will refer to the remarks of Prof. Dalton before the New York Academy of Medicine, published in the *Reporter* over five years ago, the observations of that eminent physiologist will appear conclusive on this point. It would seem that the use of ether or of nitrous oxide is much safer, although more tedious, and attended with more trouble to the persons administering the anæsthetic. We think, however, that risks of destroying life by chloroform, demands its abandonment except under peculiar and pressing circumstances.—*Phila. Med. and Surg. Reporter.*

3. ***Removal of Spleen.***—Mr. Spencer Wells, of England, has recently removed a large spleen from a woman. The patient died on the seventh day after the operation of pyæmia. At the autopsy effusion into the pericardium and both pleural cavities was observed; but no peritonitis beyond the locality of the wound and the hæmorrhage.

Mr. Wells intends to bring the case before the Royal Medical and Surgical Society, when we will give a full history.—*Med. and Surg. Reporter.*

4. *A Case of Strangulated Oblique Inguinal Hernia, Treated by Inverting the Patient:* By Mr. HENRY POWER, Assistant Surgeon to the Westminister Hospital.—CASE.—On the 14th ult., William W— presented himself amongst the out-patients of the Westminister Hospital. He stated that he was forty-four years of age, a soda water maker by trade, and that he had suffered from henia for twenty years. He had always worn a truss, and though the bowel occasionally slipped down, he had always been able to replace it by himself. On the day previous to his coming, at five o'clock P. M., he was pulling down the sash of a window, when the hernia descended with much force in spite of the truss. He immediately went home and attempted to reduce it, but his efforts were fruitless; he therefore readjusted the truss and went to bed. He endured much pain through the night, and got no sleep. In the morning he felt sick and vomited his breakfast.

On examination a very tense tumor wasfound in the right inguinal region. It was about equal in size to a guinea fowl's egg, and was extremly tender to the touch. I could not ascertain whether the hernia was direct or oblique. He complained of nausea, and of pain radiating over the whole abdomen.

I placed him on his back, with his knees drawn up, and for five minutes endeavored to reduce the hernia by steady pressure, but no impression whatever was made upon it. Recollecting the plan which was rediscovered or reintroduced by my friend Mr. Jessop, of Cheltenham, and of which several successful instances are on record, I obtained the assistance of one or two of the students, and placed the patient on his head. On again gently compressing the tumour, I had the satisfaction of feeling it quickly recede, and in less than a minute it entirely returned, with an audible gurgle.—*Lancet.*

5. *On the Treatment of Prolapsus of the Rectum by Hypodermic Injection of Strychnia:* By M. Foucher.—Case.—A little girl, æt. 4 years, an inmate of the Foundling Hospital at Paris (where M. Foucher was in attendance in place of M. Giraldes), who had been subject for several months to prolapsus of the mucous membrane of the rectum. The procidence returned after every motion, and if more than a quarter of an hour was suffered to elapse before it was reduced, the mucous membrane pressed by the sphincter became turgid, assumed a crimson hue, and could not be returned into the intestine but by violent effort, and with much pain. M. Foucher inserted, agreeably to Wood's method, the canula of one of Pravaz's syringes in the direction of the sphincter, at about one-third of an inch beyond the anus; he then injected ten drops of a solution containing three grains of sulphate of strychnia in five drachms of distilled water. In the course of the day, the child felt no uncommon sensation. She ate and played as usual; and in three motions the mucous membrane extruded but once. On the following day no prolapsus occurred; and on the third day the procidence took place once only. Twenty-four hours after M. Foucher again injected fourteen drops of the solution of sulphate of strychnia, and from that time, during the six weeks the child remained in the ward, the symptoms did not recur. Later under the influence of chicken-pox, the prolapsus reappeared, but from the time the eruptive affection subsided, no further procidence was observed, and after three months' supervision the little patient was sent into the country, no apprehension of a return of the infirmity being entertained.—*Rev. de Ther. and Journ. de Med. et Chir Pratique*, August, 1860.

OBSTETRICAL.

6. *On Dilitation of the Os Uteri during Labor by Incisions:* By Dr. H. Hildebrandt, of Koenigsburg—The author commences by a brief account of nine labors, in seven of which primiparæ, advanced in life, suffered from rigidity of the Os Uteri; against which ipecacuanha, opium, poultices, baths, bleedings and chloroform were all unavailing.

Incisions were made, after which all the cases were fortunately terminated.

Incisions were also made, with a like favorable result, in one case of convulsions, and one in prolapsus of the cord. He proceeds to consider the proposed risks that have deterred accoucheurs from the performance of the operation. It has been feared that the pain of incisions, in a part already irritated by a fœtal pressure, and in persons inclined to nervous disorder by prolonged labor, might be productive of mischief. This fear is wholly groundless ; the incisions themselves being scarcely felt by the patient, and the relief actually afforded by them being very great. Others have dreaded an extension of the incisions during pain, so that they might come to involve the substance of the uterus, and produce the fatal effects of rupture. This is visionary. The incisions do sometimes yield a little, but never so far as to reach even the cervical portion of the womb; and the operator, by relieving an impediment to the advance of the fœtus, diminishes instead of increases the danger of rupture.

Lately, it has been feared that excessive hemorrhage might attend or follow the incisions, but this fear is never realized in practice. In cases that require such treatment, the os uteri is morbidly changed, and so bloodless that the hemorrhage from the incisions does not exceed a few drops, Where incisions are made into a healthy uterus, in order to effect a rapid delivery, the bleeding may be greater, but its source is always accessible, and it may, therefore, always be readily controlled, while in such cases, which are almost limited to eclampia and placenta prævia, the danger from hemorrhage can never be equal to the danger of delay. The operation is chiefly indicated, however, in morbid conditions of the vaginal portion of the cervix, such as rigidity, hypertrophy, and malignant disease. For forced delivery, with a healthy cervix, the incision should be six or eight in number, and not more than three lines in depth.—*N. Y. Journal of Medicine.*

PRACTICAL MEDICINE.

7. *The Therapeutic and Physiological Action of Digitalis.*—1st That digitalis will stimulate and strengthen a weak heart, and that the weaker the muscular tissues of the heart the safer will be the administration of the medicine.

2d. That in hypertrophied heart it will fail to reduce the pulse either in frequency or strength, and in such cases will prove dangerous.

3d. That in a weak organ, acting because of its weakness with great rapidity, it will reduce the number of its contractions, and, as it were, strengthen or tone them down. To strengthen and quicken the action of a weak, slowly-acting heart, and to reduce the number of the rapid strokes of a feeble heart is according to Dr. Anstie, to do the work of a true stimulant, bringing action up to the normal standard on the one hand, and reducing it to that level on the other. Thus it appears that the *physiological* action of digitalis is that of a stimulant, in Dr. Anstie's sense of that term ; and that in its *therapeutic* properties it is especially useful in cardiac weakness, whether that weakness be accompanied by extremely slow or extremely rapid action. Farther, its physiological action as a stimulant may be explained by supposing that in the case of the slow heart it improves the molecular arrangement of the sarcous elements, or that it excites the nerve centres from which the nervous power of the heart is derived; and in the case of the weak but rapid heart, it acts by strengthening that regulating or restraining (vital) influence which, while maintaining the activity of the tissues at a normal rate, checks undue and riotous action in the same (Radcliff). Lastly, let me say that as a diuretic it is at once the safest and best we possess, and the dose may vary from ten drops to a half an ounce. This very day I have given nearly half an ounce in fifteen-drop doses every two hours to a child three years old, and by so doing have subdued a rapidly-developing general dropsy, which threatened the little sufferer's life.—*London Med. Times and Gaz.*—*Boston Med. and Surgical. Journal.*

8. "*Application of Electricity in Treatment of Disease.*"—From Dr. Chas. A. Pope's letter, we extract the following:

"It was, I believe, M. Duchesne who first discovered that the muscles, which failed to respond to the influence of the will were entirely susceptible to electric irritation and *vice versa.*

In paralysis the result of cerebral lesions the muscular tissues, although atrophied from want of use, undergoes but little other alteration, while in that dependant on changes in the Spinal Marrow, the fatty degeneration of muscular sooner or later ensuing, and sometimes with great rapidity. The muscles which have undergone this fatty transformation are not susceptable to the electric influence.

The large number of cases of club foot and club hand are dependent on this latter condition, the tranformation affecting one or more of the muscles of the limbs so that, in these cases tenotomy seldom does much good.

In a case of "painful flat-foot," Nelaton, contrary to the opinion of M. Duchesne, divided the tendon of the long peroneus. The pain ceased for a time, that is, as long as the patient was quiet in bed. On using the limb, however, or on standing for some time, the pain returned, the patient stating that her condition was not at all improved. Having waited for the reparation of the divided tendon, M. Duchesne applied his battery, the woman avowing her improvement after each application. He states confidently that in a short time she will be completely relieved.

In these cases it is the efficiency of the long peroneus which causes the flat-foot, being a sort of valgus, and the pain is owing to the unaccustomed pressure of the tarsal bones at the upper and outer part of the foot, where it is invariably found, at the depression of the cuboid bone and the astragalus. The arch of the foot also being destroyed, there results a painful compression of the plantar nerves.

9. *Gargling.*—Dr. Garnier of Montepellier describes, in the *Gazette des Hapitaux*, a method by which a gargle may be admitted into larynx without passing into the œsophagus. "When gargling, many persons," says the author, "laboriously throw back the head in a distressing manner; others endeavor to produce in the fauces an inharmonious and perfectly useless gurgle; while a third class of individuals breathe freely while gargling their throat. In none of

these cases is the following simple manner:—The head being slightly raised, and the mouth partially open, the chin and inferior maxillary should be brought forward and the patient endeavor to emit the sound given by the double vowel *æ*. By the simultaneous action of our movements, the fauces are widely expanded, the soft palate and uvula raised, the base of the tongue parted from the posterior during the entire duration of a protracted expiratory effort, and inhalation is impracticable. Whoever breathes while gargling performs the operation inefficaciously, and whoever is unable to inhale gargles well. Very short practice will permit any one to bathe the throat effectually in this manner, without swallowing a single krop of fluid. The less the head is raised, the less will any impulse to swallow be felt. But if the head is much elevated, deglutition ceases to be under the control of volition, and inevitably some amount of the liquid must be swallowed." The author further asserts that this method is extensively applied at the pump-room of La Railliere at Cauterets, where numerous patients resort for the cure of laryngal disease.—*Medical Press.*

10. *Opium an Antidote to Strychnine.* By J. R. WINTER, M.R.C.V.S. —As strychnine is so commonly used for the poisoning of animals, it frequently happens that our dogs, either from accident or design get destroyed by this agent. A large dog picked up some strychnine, and showed the usual and unmistakable symptoms of having taken a large and destructive dose—curving of the back, rigid extension of the limbs, etc. In order to save pain, and with a view to kill in an easier way, a good dose of tincture of opium was immediately given. To my surprise and gratification, the paroxysms appeared to subside. This encouraged me to give more opium; and in the whole he got about five drachms of the liquid opiate, seemed a little drowsy, was left to sleep, and found in an hour afterwards quite well.

Shortly after this another dog was heard at night knocking himself violently about amongst buckets, boxes, etc. He was secured, and being evidently suffering from the same active poison, I administered the like remedy to him. In this case there was more difficulty to get the animal to swallow the opium; but sufficient was from time to time got down his throat, and after four hours of dreadful suffering he likewise recovered.—*Lancet.*

Obitual Record.

Carleton Clare Sams, M.D.

Carleton Clare Sams, M.D., was born in England in 1814, but educated in Maryland. At the age of seventeen, he was placed under the instruction of Dr. John Chapman, of Baltimore, a member of the Royal College of Surgeons and a pupil of Cline and Sir Astley Cooper; attending withal the anatomical lectures of Prof. Turnbull, who was carrying on a flourishing private school in that branch. After two years of that course, he matriculated in the Medical Department of the University of Maryland, and in due time graduated with singular commendation. After practicing one year in Baltimore, he removed to Hillsboro', in Ohio, and in this field of Highland and the adjoining Counties, he practiced during the remainder of his life, a period of over thirty years.

Few physicians have enjoyed a career of more decided success. From the beginning of his practice his talents became conspicuous. From year to year the public confidence in his ability and integrity became more implicit; and with that confidence grew up a sincere affection for his person and respect for his character. Devoted to his profession, he felt it to be the first of his duties to inform himself of every discovery in the theory and of every improvement in the practice of the healing art. He hesitated at no expense and grudged no application which might augment his power for good to his fellow men. To this end he maintained a frequent correspondence with many leading minds of the profession. He seldom prepared communications for the press. Among the papers furnished to the American Medical Association, however, and published in their Transactions, was one of considerable mark; "An account of the diseases of Highland County, illustrated by a geological, topographical and nosological map."

Dr. Sams was a highly successful agriculturalist and was three times elected by the Agricultural Society of the County as their President. He was a man of simple and unaffected manners, of inflexible integrity, learned without pedantry, skilful without pretension. Hence it was natural that he should entertain supreme contempt for the host of quacks and charlatans with which our legislation permits society to be infested. No consideration, no entreaty, no tears ever availed to induce him to approach a bedside where any one of them was in attendance.

He sympathized deeply with the government in its struggle with rebellion. After the slaughter of Shiloh, he accepted an invitation from the Sanitary Commission to attend a boat load of sick and wounded from that field to Cincinnati. He returned ill. The disease of the climate seemed to have fastened on his constitution, and after a gradual decline of more than two years, this amiable and exemplary man on the 20th of August, 1865, in the fifty-second year of his age, died, leaving his family and friends to deplore his loss.]

Died, recently in Philadelphia, Mrs. Gobrecht, mother of Prof. Wm. H. Gobrecht of this city. We regret to notice this sad loss, and sympathize with our neighbor, Dr. Gobrecht.

Wood—Died, Feb. 10th, of Arachnitis, Lucy, daughter of Dr. T. and E. J. Wood, of this city, aged seventeen months. Prof. Wood has our sympathy in this domestic bereavement.

Dr. Thomas W. Blatchford died, at Troy, N. Y., Jan. 7th, 1866, aged 71 years. He was a pupil of Sir Astley Cooper, and was a thoroughly cultivated physician. He practiced his profession in the city of Troy forty years.

Dr. Henry Bigelow died on the 21st of January, 1866, at Newton, Mass., where he had practiced medicine for twenty years. He was identified with the material interests of his town, was greatly beloved, and his death is sincerely lamented.

Dr William Mount.—We are again called to announce the death of one of our oldest physicians. Dr. William Mount, while on a visit to Philadelphia, was run over by a carriage, and from the effects of the injuries thus received, died on Saturday morning, February 17th ult. He was in the 67th year of his age. Dr. Mount has been for many years one of the most active practitioners of this County, and identified with some of its prominent public Institutions. At one time in charge of our Insane Asylum. For many years an influential Trustee of the Medical College of Ohio. His death will be sincerely lamented.

Business Notices and Acknowledgments.

H. P. Throop is General Traveling Agent for the *Lancet and Observer.*

Dr. S. B. Conover, of Trenton, New Jersey, is our authorized agent.

Communications are received from Dr. Tom Wright, Bellefontaine. Mortuary Statistics of Natchez for 1865, By J. S. King, M.D. An interesting letter from Paris is crowded out till next month.

Books and New Publications.

Annandale—Malformations, Injuries, etc., of the Fingers and Toes: J. B. Lippincott & Co., Philadelphia, Publisher, through Robert Clarke & Co.

Semeleder—Rhinoscopy and Laryngoscopy, etc. Wm. Wood & Co., New York, Publisher, through Geo. S. Blanchard & Co.

Tableau of Yellow Fever in New Orleans. By Bennett Dowler, M.D.

Successful Removal of the Uterus and Ovaries—By Abdominal Section, etc., by H. R. Storer, M.D.

Contributions to Bone and Nerve Surgery—By J. C. Nott, M.D., Professor of Surgery, Mobile. J. B. Lippincott & Co., Publisher, through R. W. Carroll & Co.

Catalogue of Medical Works on Cholera in the Library of Dr. J. M. Toner.

Inoculation in Pennsylvania—By J. M. Toner, M.D., of Washington, D. C., from the author.

Braithwaite's Retrospect—From W. A. Townsend, N. Y.

Physiology of Man—By A. Flint, Jr. Appleton of New York, Publisher, through R. W. Carroll & Co.

Transactions of New York Hom. State Medical Society—From Hon. A. Y. Stewart, New York General Assembly.

Report of Superintendent of Public Instruction of State of New York—From Hon. A. Y. Stewart.

Evening Journal Almanac for 1866.—From Hon. A. Y. Stewart.

Circular of Oswego Normal and Training School.—From Hon. A. Y. Stewart.

Report on Epidemic Cholera, by New York City Council of Hygiene.—From Hon. A. Y. Stewart.

Journal of Materia Medica (revived) for January and February,

1866. Tilden & Co., Publishers, New Lebanon, New York. Price $1.00 a year.

FROM STRAHAN & Co., Publishers, New York :—

The Argosy	for January, 1866.	Price $3.00 a year.	Monthly.
Good Words	" "	Price $3.00 a year.	Monthly.
Sunday Magazine	" "	Price $3.00 a year.	Monthly.

From Dr. Spees, of Lynchburg, O.—The *Western Lancet* for November, 1847. From Dr. Burnett, New Market, Tenn., the *Western Lancet* for May, 1847. *Thanks.*

Wanted of the Western Lancet—Still wanted of Vol. IV., 1846, Nos. 5 & 8.

American Medical Association.—Below we give the regular notice of the Secretary of the approaching meeting at Baltimore. We hope our friends will at once appoint delegates and make their arrangements for attending the meeting. There will be a representation from most of the Southern States, and it is probable that the next meeting of the Association will be one of the most interesting ever held. Remember that the First Tuesday—which, by the way, is the first day—of May, will soon be here.

The Seventeenth Annual Session of the American Medical Association will be held in the city of Baltimore, on Tuesday, May 1, 1866.

The following Committees are expected to report :

On Prize Essays, Dr. Austin Flint, Sr., New York, Chairman.
On Quarantine, Dr. Wilson Jewell, Pa., Chairman.
On So-called Spotted Fever, Dr. Jas. J. Levick, Pa., Chairman.
On Ligature of the Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.
On Tracheotomy in Membranous Croup, Dr. Alex. N. Dougherty, N. J., Chairman.
On Rank of Medical Corps in the Army, Dr. C. S. Tripler, U.S.A., Chairman.
On Rank of Medical Corps in the Navy, Dr. T. L. Smith, New York. Chairman.
On Medical Literature, Dr. C. A. Lee, New York, Chairman.
On Medical Education, Dr. Samuel D. Gross, Pa., Chairman.
On American Necrology, Dr. C. C. Cox, Md., Chairman.
On Patent Rights and Medical Men, Dr. D. Prince, Ill., Chairman.
On Alcohol and its Relations to Man, Dr. Gerard E. Morgan, Md., Chairman.
On Insanity, Dr. Alfred Hitchcock, Mass., Chairman.
On Milk Sickness, Dr. Robert Thompson, Ohio, Chairman.
On the Relation which the Doctrine of the Correlation and Conserva-

tion of Forces bears to the Physiological and Pathological Condition of the Human System, Dr. S. L. Loomis, D. C., Chairman.

On the Progress of Medical Science, Dr. Jerome Cander Smith, New York, Chairman.

On Diphtheria, Dr. H. D. Holton, Vermont, Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities in their Influence on Health, Dr. Wilson Jewell, Pa., Chairman.

What Effect has Civilization on the Duration of Human Life, Dr. Augustus A. Gould, Mass., Chairman.

On Disinfectants, Dr. E. M. Hunt, New Jersey, Chairman.

On Compulsory Vaccination, Dr. A. Nelson Bell, N. Y., Chairman.

On Strangulated Hernia, Dr. W. F. Peck, Iowa, Chairman.

On the Causes and Pathology of Pyæmia, Dr. J. J. Woodward, U.S.A., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. James L. Little, New York, Chairman.

On the Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever, Diphtheria, and Scarlatina, Dr. N. S. Davis, Ill., Chairman.

On Meteorology, Medical Topography, and Epidemics.

Dr. J. C. Weston, Me.
" P. A. Stackpole, N. H.
" C. L. Allen, Vt.
" A. C. Garratt, Mass.
" C. W. Parsons, R. I.
" B. H. Catlin, Conn.
" E. M. Chapman, N. Y.
" E. M. Hunt, N. J.

Dr. D. Francis Condie, Pa.
" T. Antisell, D. C.
" O. S. Mahon, Md.
" T. M. Logan, Cal.
" R. C. Hamill, Ill.
" J. W. H. Baker, Iowa.
" Abm. Sager, Mich.
" J. W. Russell, Ohio.

Wm. B. Atkinson, Permanent Secretary, Phil.

THE

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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

A Case of Senile Gangrene.

Reported by THOMAS S. BASYE, M.D., Spiceland, Henry Co., Indiana.

I WAS called, on the evening of Nov. 13th, some four miles into the country, to see the patient, a young man, aged 22, of nervous temperament, strumous diathesis, answering to the dark form of the scrofulous temperament, with extreme perversion of the nutritive action of the body. I learned that for some months past, and especially during the autumn, he had been much annoyed with chills and jaundice. On the evening previous, he was rather signally struck with a partial hemiplegia, depriving the right arm and leg of motion, and causing numbness throughout the right side. This attack, however, had entirely passed off before I arrived. As an epidemic of a catarrhal nature prevailed at the time, an easy diagnosis seemed to indicate an attack of pleuritis, from the symptoms, which were chilliness at the onset, short, dry cough, frothy expectoration, a sharp circumscribed pain in the right mammary region, costal spaces full and tender, pulse quick and secretions scanty. I placed a large blister plaster over the seat of pain and directed the following prescription: Sub. Mur. hyd grs. jj.; Potassa Nitras grs. x; Opii Pulv. grs. j, to be given every four hours until five or six should be taken, together with Spirits Nitre Dub. ssq. aqua camphora j oz. an tincture digitalis x gtts. at mid intervals, followed by an infusion of Salts and Senna, until the alimentary canal should be effectually unloaded.

Early on the following morning was again called. Found my patient much prostrated with an active hæmorrhage. I reckoned about one and a half pints had been lost. It was still flowing rapidly, which fact coupled with previous constitutional weakness made his condition most distressing. He was blanched and debilitated and fearfully depressed, with the idea of immediate dissolution. The first duty that seemed imperative was, if possible, to soothe his alarm. The cathartic infusion previously suggested, was omitted for the present, and the patient at once put upon Plumbi Acetas grs. ij.; Opii Pulv. grs. j., to be given every two hours with quinine ij. grs. Acidi Sulphurici xx gtts. in the intervals, which were to be lengthened only as the hæmorrhage subsided.

Renewed my visit again in the evening. Found the bleeding greatly diminished, but his weakness so alarming that fatal syncope seemed inevitable. Pulse barely perceptible in the radial arteries, tongue scarlet, dry and contracted, copious aphthous exudations about the fauces, the body cool, with a cold clammy sweating from the general surface. The patient was briskly sponged, a jug of hot water placed to his feet, and vapor appliances around the body, to invite an equilibrium. Continued Quinia Sulphas grs. iij.; Plumbi Acetas iij.; Opii Pulv. grs. j., to be given at intervals of three hours, alternating with camphor mixture ʒjj Acidi Sulph. gtts. xx and as much whisky punch as was necessary to support him.

Announcing my fears of his recovery, it was arranged for Dr. Reed, of Newcastle, to meet me in consultation on the morning of the 15th. We found the patient much in the same condition, except the hæmorrhage had subsided, though the sputa was still slightly colored. The blister plaster having done well, the pain that hitherto had been confined to the right mammary region was now alternating between that point and the interscapular region. Our views coincided both as to the nature of the disease and its remedies. My previous course was continued with the addition of Oleum Ricini, ʒj;

Oleum Terebinth., ℨss, to be taken in the evening to evacuate the bowels.

Found the patient on the 16th free from the pain of the right side, bowels well evacuated, more force in the circulatory system, pulse sufficiently distinct to count and numbering a hundred and forty-six per minute, breathing short and spasmodic, the inspirations amounting to thirty-five per minute, and the expression wild and cadaverous. This morning we detected a peculiar discrepancy in the circulation of the right and the left radial arteries, that of the left being somewhat firm and steady, but quick, while that of the right was very small, sharp and vibrating, but synchronous.

Another interesting feature of the case was also developed. Simultaneous with the pain above described, another and very distressing one was developed at a point corresponding with the crest of the ilium. From this point, it seemed to diverge until diffused throughout the right iliac and hypochondriac regions. This new intrusion, we observed, was a kind of rheumatic metastasis from the shoulder, otherwise, from the passive nature of the annoyance, it would soon cease. However, that part of the body was carefully examined. The uneasiness was not provoked by pressure, the bowels had no appearance of being impacted, and there was nothing to induce a suspicion of aneurism; we apprehended no difficulty here. For the continued anæmic and æsthenic condition of patient prescribed: Carb. Ferri, grs. x.; Quinine Sul. grs. ij.; Opii Pulv. j. to be given at intervals of four hours, with whisky punch *pro re nata*, also Sol. Chlorate Potassa and Tinct. Ferri Sesquichloridi, as a gargle, to soften down the thrushy exudations of the throat, which by this time had become quite formidable

17th.—Dr. Reed, in my absence, found patient somewhat improved, circulation more full, breathing more normal, with some disposition to take nourishment. Although comparatively easy he complained of some aching in the right leg. A pale lividness was observed about the toes and foot. The same treatment was continued.

18th.—The conditions of patient were in more amiable mood. Pulse more firm and steady, but the discrepancy in the force and volume, noted above, still remained. Secretions partially active, and appetite sufficient. But increased discoloration of the foot, and loss of temperature, and a dry corrugated appearance of the surface, suggested a strong tendency to Senile Gangrene. Quinine and opium continued, with wine and nutritious diet.

19th.—Patient quite comfortable, but the leg still causing him some uneasiness. The toes were now quite hard and black, the foot gradually becoming charred, with a considerable portion of the outer lateral surface of the leg, from the malleolus to the thick prominence of the gastronemious muscle. No pulsation in the femoral artery, no popliteal space, could be detected. From the rapid ascension of the disease, destruction of the limb seemed imminent. To improve the temperature and invite the circulation, the limb, for want of better appliances, was enveloped in scalded bran, and continued same treatment.

20th.—Found patient much more comfortable. Felt like being up if it were not for the leg, which by this time had a very threatening appearance. Amputation seemed to present the only means of saving his life. But meeting with the disapproval of all authority we remembered to have consulted, we thought best to continue the most judicious constitutional treatment, laboring for a restoration of the secretory functions until a line of demarcation should indicate where the knife should be used.

21st.—Patient very much the same. Solicited the attendance of Drs. Whitesel, of Knightstown, and Mendenhall, of New Castle, who met us on the 22nd. The Gangrene was steadily ascending the limb in a zigzag line, involving contiguous structure, retarded in its progress only by the more obstinate vitality resulting from the stronger and more diffused collateral circulation. Great muscular atony and an anæmic and obstructed circulation still continued.

As delay could hardly jeopardize the case more than the operation, it was farther postponed. The same treatment was continued. Permit me to observe also, that a variety of poultices were suggested with a view to restoring vitality to the lifeless member. A ley poultice of moderate strength was applied for the purpose, as the prompter remarked of arresting the inflammation. The futility of these suggestions and the appliances will be seen when we note the extremely scanty circulation and the complete death of the part in consequence. Neither do we know of any remedy that will impart life to a dead structure, nor, in a similar case, invite anything to it that could possibly produce inflammation.

23rd.—Patient more restless. Tonics and stimulants had been faithfully administered. An almost intolerable fetor was by this time emanating from the sphacellated surfaces, notwithstanding the diligent application of the poultice. The suppressed breathing short and laborious, dense aphthous exudations of the throat with an ominous pallor of the lips and gums. life seemed to be ebbing into a general marasmus. The vitality of the limb was past redemption, further medication for remedial purposes was futile.

25th.—Were again met by Drs. Whitesel and Mendenhall. The consultation resulted in further postponement. Treatment continued. Poultice removed and the limb enveloped in warm cotton, that the decomposing and vitalizing forces might be brought more squarely into opposition, thus possibly presenting a solution of the difficulty.

26th.—Patient somewhat rallied. Amputation was strongly urged by him and had been for some time. Constitutional treatment, consisting of quinine, steel, wine, opium, alkaline tonic infusion and nutritious diet was, and had been persistently adhered to.

27th.—A number of medical gentlemen met us in consultation. A brief synopsis in this connection of the various hypotheses advanced as to the pathology and diagnosis, may not be wholly impertinent. A condensed history of the case was given and examination made of its present status.

All the authority brought to bear disapproved of amputation in Senile Gangrene, except when the disease was local and the constitution good. This latter condition was evidently wanting. But the majority of the physicians present regarded the disease as of local origin, probably arising from the plugging of the femoral artery, during the hæmorrhage. Again, it was possible, in this view of the case, that the total obstruction of the artery had taken place long prior to his illness, the collateral circulation sustaining the integrity of the limb and effectually concealing the difficulty, until debility and hæmorrhage had fatally impaired its virtue and volume.

It was assumed by one gentlemen not to be a case of Senile Gangrene, as that implied a form of the disease peculiar to the aged. Erichson remarks, that it is met with in persons past the middle period of life, increasing as age advances, from which we do not infer that length of life alone, can superannuate the human structure, but rather that a modification of a popular theory is admitted, and that Senile Gangrene may have victims of younger years.

I know of no reason why a defective constitution or the modifying processes of disease, may not so remodel and reduce the system in early manhood as to develop the same conditions as are requisite to the production of this rare phenomenon in the aged.

I had regarded the case from the beginning as of constitutional origin. I believed that the starvation and death of the limb resulted primarily, and in process of time, from a gradual narrowing and final occlusion of some central portion of the arterial system, by calcification, atherona, aneurism, or other structural lesion.

In view of an operation, which I could but regard as a weak experiment, I argued that the collateral circulation, in such a state of depression was insufficient for the reparative process; that there was great muscular atony; that we could not hope for a healthy granulation; that the stump could not heal for want of vital cohesion, and finally that a destructive sloughing of the stump would be the natural sequence of additional torture. However, in deference to the earnest wishes of the patient and his friends and in justice to the case, where nothing else had been left undone, an operation was decided upon. After the patient had been brought effectually under the influence of chloroform, the lifeless appendage was removed at a point nearly separating the upper and middle thirds of the thigh. Anterior and posterior flaps were made; the former of healthy appearance, while the latter was wanting on resilience, and of a dark livid hue. Notwithstanding this, the main artery where ligated, looked quite normal, and we dressed the stump with a good degree of hope. After a short respite, patient remarked that he felt better than in the morning previous to the operation.

On examination of the severed limb, the main artery appeared healthy, with, perhaps, a want of resilience and a very slight yellow cast, which grew darker as it approached the knee, at which point its identity was lost in the wreck of vessel and tissue. The patient was put upon infusion of Cascarilla, associated with Tinct. Ferri Mur., a liberal use of ale and generous diet.

28th.—Patient rested well during the night, conditions rather promising. Whisky was applied freely to the stump. Same treatment continued.

29th.—Suppuration profuse, watery, shreddy and very offensive, clipped a couple of central stitches, cleansed the wound through the opening and treated the surfaces with strong solution of Argenti Nitras, and the lips with lotions of nitric acid.

30th.—Suppuration still more profuse and fetor offensive, took out all the stitches and cleansed the surfaces with Castile soap. The posterior flap presented a uniform sphacellated surface and rapid wasting of tissue, leaving about three and a half inches of the bone entirely denuded, most of the lifeless portions were clipped away and the surface cauterized with saturated solution of nitrate of silver. Light dressings were put on and moistened with a decoction of oak and alum.

Dec. 1st.—Signs more hopeful, some friendly granulation here and there projecting through the dark surface. Pus diminished in quantity and improved in quality. A dark, shreddy, gelatinous margin about an inch in width, with a charred border encircling the outer edge of the posterior flap, still remained without improvement. Caustic was resolutely applied, after a thorough ablution. Continued quinine, opium, tonic alkaline bitters and the various chalybeate preparations wine and nutritious diet.

Dec. 2nd.—Not so healthy, surface more livid. From the gains and reverses the chances for recovery seemed about equally balanced, the decayed tissues were cut away and caustic freely applied.

3rd.—Stump perceptibly improved, granulations thicker and healthier and pus of more consistence. Cleansed as before and dressed with Tinct. Iodine.

4th.—Granulations still farther improved, the charred edge readily separated, collateral circulation stronger, the temperature of the stump equal to that of any other portion of the body, the appetite fair. The provoking apathy that for two weeks past had held the patient in *statu quo*, was manifestly giving way, and the constitution undergoing radical repair.

5th.—Exuberant granulations, yielding pus closely approximating health. Cleansed with chlorine water and penciled lightly with Tincture Iodine, flaps brought together, and some muscular extension kept up.

6th and 7th.—General improvement accelerating. Aphthous exudations of the throat nearly gone. Tongue clean and resuming its natural roseate hue, healthy expression, secretions fair, and the appetite strong. A free use of coffee was allowed, with a liberal alimental accompaniment.

8th.—To all appearance recovering rapidly.

9th.—Steadily improving, treatment continued with but slight modification.

10th—Decidedly convalescent, vigorous granulation. The posterior flap, of which but little had been left, except the tegumentary structure, is rapidly being loaded with new material. The denuded femoral bone is covered nearly to the extremity by a sturdy deposition, cleansed with solution soda chloridi, and dressed with whisky and water.

11th.—Appetite good, assimilative functions active, healing finely, we claim some constitutional margin.

12th.—Strong appetite all the vital organs in healthy activity with a rising scale of general improvement.

13th.—As the best evidence of improvement, the patient complains of much soreness, granulations very exuberant, temperature good, treatment reduced from a somewhat coercive to a merely sustaining plan of medication.

14th.—Rests well, appetite good.

21st.—Improvement steady since last date. On the 18th, drugs were discontinued, and nothing allowed but nutritious diet and good wine.

24th.—Improvement not so marked, probably arrested by over-eating.

27th.—Dressed the stump which has regained its lost tissues, the bone surrounded to the extremity, at which point a dark mottled appearance is somewhat indicative of necrosis. Patient walked twice across the room on crutches and sat in his chair.

30th.—Apparently doing well, has been upon crutches a few times since last visit, not however, without some coercion, by reason of peevishness and fear; labored, with some effect, to displace this morbid mental depression with a cheerful confidence.

Jan. 2nd.—Bowels act well, appetite strong, no more threatening of the bone, gaining steadily, up frequently.

5th.—Permanently convalescent, the reconstruction of the tissues about complete, flaps uniting rapidly from the angles. From the pale, apathetic appearance of the patient, we might presume that all the recuperative forces of the system had been temporarily concentrated on the rebuilding of the stump.

12th.—Touched a few weak points with nitrate of silver, with which, I trust, the future treatment of the case may be safely left to nature.

In passing this protracted case under review, we observe,

First, That temporary hemiplegia was an incipient symptom. I do not undertake to account for this singular phenomenon, but, in view of its short duration, would suggest that it must have been provoked by some occult disturbance out in the nervous domain, conveyed in its effects through the nervous centre to all its sympathetic ramifications. I am more fully convinced of this from the fact, that on the occasion of my first visit, the spinal cord was carefully examined, and there was neither pain nor tenderness, and the brain was apparently intact. It occurs to me that a more careful pathological research would often place the origin of our nervous complaints out in the circumference of the nervous system, instead of in the brain or spinal cord. The case of worms in children will serve to illustrate my meaning, where it would be folly to shave the head or pustulate the spine to rid the alimentary canal of the cause.

Second, That the patient is of a strumous constitution which was evidently in a state of decline. Yet in the face of this, and contrary to all authority, the amputation was afterwards made.

Third, That the hemiplegia was soon followed by an exhausting hæmorrhage, to which the minds of a majority of the consulting physicians readily gravitated, as the remotest cause of the obstructed circulation of which gangrene was the legitimate result.

Fourth, That constitutional treatment was persistently adhered to throughout.

Fifth, That notwithstanding the youth of the patient, the disease, both in its inception and progress, corresponded, in every particular, to the Senile Gangrene.

Sixth, That all the morbid conditions of this case, as set forth in detail, clearly point to its constitutional origin. If this is the right view of the case, then the amputation was made contrary to authority, if, however, an opposite diagnosis should trace the disease to a local cause solely, then the amputation was right by authority, and the patient's recovery attributable to it.

But the truth of this conclusion, from the premises we have, is so extremely doubtful, that should another case occur in my practice, I should not hesitate to amputate, be it either local or constitutional. Where the nature of the cause is doubtful, a line of demarcation may, with safety, and should be, waited for. But where all the symptoms are plainly indicative of its constitutional character, I should urge an amputation without delay, above the knee; not by reason of success in this particular instance, but because less dangerous and certainly more philosophical and humane. In the early stages the patient possesses more nervous power, and the healing forces would be more active. As no line of demarcation could be reasonably expected, the sooner an eligible point for the knife is chosen the better. This point I would locate above the knee because of the stronger and more diffused collateral circulation, which, below the knee, is comparatively feeble, and would offer less encouragement to the healing process.

Any destructive element would be more hostile in the extremity, but, rising in the scale of circulation and vitality, would offer *more* liberal terms of compromise whereby nature assisted by proper medication, might surely heal the part and save the patient.

Seventh, That the local agents used in the restorative process were Tinct. Iodine, Argent. Nitras, Bromine, Aqua Chloridi, Sol. Creosote, Soda Chloridi and Acidi Nitrici. Owing to the nature and duration of the case, we had ample opportunity for testing the therapeutic activity and power of these agents, among which Nitrate of Silver was most conspicuous. Not only was it the chemical knife that removed the perished masses but surpassed all other washes in its stimulating effects. After the surfaces had resumed a degree of health, its application was so marked by salutatory exuberance, that we considered the employment of other means a needless waste of time.

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ARTICLE II.

The Value of the Laryngoscope.

BY G. BRUHL, M D., CINCINNATI, O.

AMONG the valuable additions of modern times to our means of exact diagnosis and treatment, the laryngoscope holds a very prominent place, and with certainty may we predict, that ere long no practitioner will be considered a good diagnostician who does not understand its use as well as that of the stethoscope or uterine speculum. Surely it is not necessary that every physician should acquire the dexterity of a specialist, not necessary that every one should be able to cauterize ulcers of the ary-epiglottidean folds, remove foreign bodies from the hyoid fossa, or extirpate morbid growths from the vocal cords; but *it is necessary* that every one shall become sufficiently master of its use as to be able to detect at least these pathological conditions and avoid the blunder of the distinguished London professor, who sent his patient, a young lady who had been aphonic for several years, to the country, to breathe the fresh air of her native place, and have the mortification afterwards of learning that some specialist had cured her by the removal of a polypus from the vocal cords.

True, the application of the laryngeal mirror is somewhat difficult for the beginner; but is the art of auscultation and percussion easier to be learned? Months sometimes will pass away before the student understands the meaning of the physical signs. In laryngoscopy, a little skill and energy will overcome in less time the presenting obstacles, and the labor bestowed for this purpose rewards richly. Wonderful are the results, and he who has once seen through the rima glottidis of a sufferer, fed on cod liver oil and hypophosphites *ad nauseum*, and who had detected there, not tubercular deposits as supposed, but a morbid growth as the real materia peccans, best knows to appreciate the great value of this diagnostic apparatus.

Bringing a hitherto hidden cavity under our direct observation, the laryngoscope has not only corrected our physiological views of the functions of the different parts of the larynx and pharynx in the act of phonation and deglutition, but it has, what is of greater importance to the practitioner, taught us to interpretate accurately the symptoms of the laryngeal diseases, and has enriched and enlarged our knowledge of their pathology and treatment by giving us new and direct indications, and guiding our operative manipulations.

We do not need to fill up our symptomatology with mere guess work, or form our ideas by philosophical—often erroneous—deductions and speculations. Those morbid changes, of which we can find no trace on the dissection-table, or if any only in the last stages, we can now observe from the beginning to the end. We see now exactly every part which is affected, see the size, the seat, the shape, the extension of the morbid processes and growths; can even explain the causes, why certain parts by their anatomical and physiological condition are more liable to certain diseases than others; we know what parts of the larynx are pre-selected by certain diseases for their morbid deposits and destructions and why they are; nay, even we can distinguish the different forms of the morbid changes of the epiglottis as well as those of the glottis muscles.

And this is of peculiar importance in the treatment of aphonia; for experience has shown, that in such cases, where aphonia is merely dependent upon paralysis of the glottis muscles, the electric current effects an infallible cure. Why, we do not understand at present, time may clear the secret, but the assertions of renowned laryngoscopists are too numerous and too positive to allow a doubt in the truth of their statement.

The superior usefulness of the laryngoscope, however, is best shown in its being the only reliable means of detecting the morbid growths in the larynx. All the signs and symptoms heretofore attributed to them are uncertain; either they can be wanting according to the size or seat of the tumors, or they can be simulated by other diseases. Therefore the grossest diagnostic errors have been committed, the most irrational modes of treatment instituted, therefore so many lives unnecessarily been lost. Wherever the doctor came across a patient with hoarseness, aphonia and some troublesome cough, he was sure to feed him on cod-liver oil or send him to some watering place, there to be cured from his supposed laryngeal phthisis or catarrh But hardly any one thought of morbid growth within the larynx.

To prelaryngoscopical times, therefore, not more than eighty cases of this kind have been reported, and most of them were only detected upon *post mortem* examination. In five cases only were successful operations performed. No wonder: the diagnosis being uncertain, nobody could tell which cases would be favorable for surgical aid.

But since the few years of the discovery of the laryngoscope, the history of these growths has undergone a total change. More than a hundred new cases have been reported and successfully operated upon. A precise aid for the diagnostician's eye and a sure guide for the operator's hand, the laryngoscope has made success certain, where it has been heretofore but accidental. Cauterization of ulcers, opening of abscesses, removal of excrescences, scarification of hypertrophied parts, can now be practiced with the same preciseness, though with more tediousness, within the larynx than on the outside surface.

Even in such cases, in which by laryngoscopic examinations only a negative result is obtained, we are at least taught that we have misinterpreted the symptoms, and that we have to seek for the real seat of the disease elsewhere than in the larynx.

Semeleder gives several very interesting cases of this kind, of which I will relate but one. He was called to examine the throat of a lady, apparently dying from suffocation. The most careful examination had revealed nothing positive; the attending physician, suspecting some trouble in the larynx, had concluded to perform tracheotomy, to relieve her from her sufferings. The laryngoscope did not detect any abnormal condition, but as there existed a difference between the radial pulses, the doctor declared an aortic aneurism as the real cause of the dyspnœa, and the operation useless and uncalled for. The attack passed away, and the symptoms becoming subsequently more distinct, the correctness of his diagnosis was corroborated. The lady soon died, but she died without an unnecessary operation. The laryngoscope saved her at least the addition of a new suffering to her old one.

Czermak relates a similar case in his *Der Kehlkopf Spiegel*, page 107. A lady was about to be operated upon for a supposed stenosis of the larynx. The instruments lay spread on the table, when the surgeon, a distinguished one, cautious enough, sent for the Laryngocopist, to ascertain the correctness of the diagnosis. Well, the larynx was found in a healthy condition, of normal size, without any obstruction. These cases are of peculiar interest, as they demonstrate clearly that laryngoscopic examinations can give positive contra-indications against *tracheotomy*—perhaps better against useless operations, to which the surgeon, deceived by the symptoms, otherwise might be misled.

Now, if in the face of these facts any one doubts the value of the laryngoscope or ridicules its practicability, he is not its, he is his own enemy. Not every one can be a genius, not every one advance new ideas or invent new instruments, but every scientific physician should be prudent enough to profit from practical discoveries.

ARTICLE III.

The Trichina Spiralis.*

BY DR. D. W. FLORA, CHICAGO, ILL.

Man in all ages has dreaded the "worm" which destroys the body after death, but the "worms" which prey upon the body while living, should give him most concern. These parasites not only find their way into his body soon after birth, but are found in the fœtus in utero!

Many species crawl upon the epidermis, hide in its hairy covering or pierce through it and burrow and propagate in the cutis vera or the cellular tissue. These, on account of their habitat are called *Epizoa*. A still larger number inhabit the interior of the body. Not one of the internal viscera is exempt. No less than five species of vermes inhabit the alimentary canal.

The heart, brain, liver, lungs, spleen, kidneys, bladder, and even the eye has each its peculiar species of parasite. These form the other grand division called *Entozoa*.

Belonging to the latter division is found still another species of parasite which has proven a more deadly foe to man than any or perhaps all the others. This is the terrible *Trichina Spiralis*, and its history and the ravages which it has caused in the animal body forms the subject of this article.

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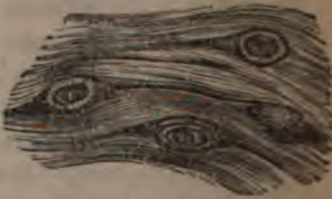
* This article first appeared in the *Chicago Sunday Times* of Feb. 18, 1866; and we take pleasure in acknowledging our obligations to the publishers of that enterprising paper for the excellent engravings which illustrate the article, as well as their permission to Dr. Flora to modify the original text to suit the pages of a medical journal.—Eds. L. & O.

Authors on Natural History place it in the class, *Nematodea*. It is a microscopic parasite, and presents a striking contrast with the Guinea worm and Tape worm which exceed a score of feet in length.

It was first discovered in the year 1832, but was not scientifically described until 1835, when Prof. Richard Owen, the eminent zoologist, gave to the world its natural history. It was named the trichina spiralis from its resemblance to a fine hair coiled upon itself, like a watch spring. During that year six persons were admitted to the London hospitals, who were the subjects of trichina poisoning. Since that time the leading medical men have been on the lookout for this parasite, and several cases have been observed and fully described. This parasite is only visible to the naked eye when inclosed in its chalky capsule. These appear as small white points, when a section of muscle is examined. This appearance is shown in the engravings below:

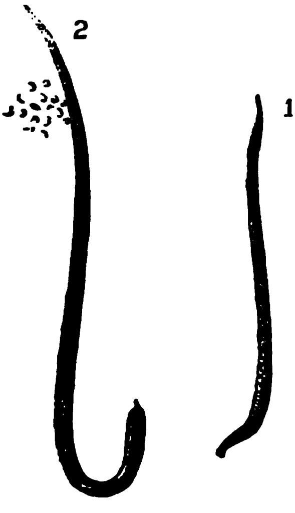
Muscular Tissue, with Trichinæ Encapsuled, as seen by the Naked Eye.

Muscular Tissue, with encapsuled Trichinæ, magnified fifty diameters.



Since the investigations of Owen, many eminent German physicians and men of science have given attention to the subject, among whom we find Virchow, Herbst, Kuchenmeister, Zenker, Bischoff, and, more recently, Prof. Leukhardt, of the University of Giesen, who undertook a series of scientific experiments with this parasite, and to his extended and systematic observations we are indebted for the very accurate knowledge we possess of this animal. By introducing it into the stomach of the dog, cat, rabbit, fowl, dove and crow, he was enabled to observe all the phenomena of the trichina disease. Out of nine dogs thus treated, *seven* died, and the muscles were afterward found *alive*, with free trichina. Of the other animals subjected to similar experiments, more than one-half died. The impression pretty generally prevails that the *fowl* is not subject to this disease, the trituration or grinding in the gizzard being sufficient to destroy the animal. The reverse of this is most probably true, as the grinding process only aids the solvent power of the gastric fluid in dissolving the calcareous shell.

Full Grown Male and Female Trichina, Magnified Two Hundred Diameters.



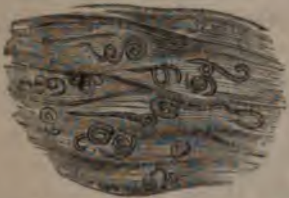
1 **Full-grown** male trichina.
2. **Full-grown** female—in the act of **extruding** the young alive.

The trichina is most usually introduced into the stomach of man in its capsule, though it is possible for it to find its way there in the free state. This calcareous shell is dissolved by the acid juices of the stomach, and the parasites thus set free rapidly acquire their growth and sexual power, and copulation and reproduction are perfected within one week after their introduction into the alimentary canal. The female brings forth from 60 to 100 live trichinæ.

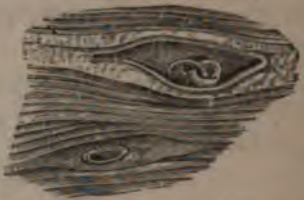
The young swarm immediately commence their work of destruction by piercing the coats of the stomach and intestines. It is not definitely known how long the parent trichinæ live after producing the new swarm but it is certain that they never leave the stomach and alimentary canal, and probably die within a fortnight. The instinct of the young trichinæ impels them to seek the fibre of the *voluntary* muscles, which is known to the anatomist as the striated muscular fibre.

The *brain*, *lungs* and *liver* they avoid, and but a single trichina has been found in the substance of the *heart*. The wonderful instinct of this parasite is equal to that shown by the larva of the ichneumon fly, which is hatched in the body of the caterpillar and other grubs, and there devours the cellular and muscular tissue, but carefully avoids the nervous and circulatory systems which are essential to life. In this way the fable of Prometheus is realized, the poor "worm" eating and growing, only to be continually consumed. Below will be seen the young in the act of devouring the muscular tissue:

Trichina in a free state, magnified fifty diameters.



Trichinæ elaborating their capsules, magnified fifty diameters.



In order to reach the muscles, the coats of the stomach and intestines must first be pierced, and this boring operation gives rise to a train of symptoms which closely resemble acute diarrhœa and dysentery, as bloody stools frequently occur. Ulceration and perforation of the bowels are frequent results of this inflammation. When the serous membrane lining the abdominal walls is attacked, the symptoms of peritonitis are added. This inflammation of the serous membrane, if it does not prove fatal, leaves the intestines firmly glued together. If the agonized patient should live through these primary acute forms of disease, a new train of symptoms, closely resembling typhus or septic fever, will be ushered in. To diarrhœa, dysentery and peritonitis, will be added intense pain in the muscles, great nervous irritability from prostration, spasm of the muscles, and finally paralysis and death. The muscles of the abdomen, of course, are first attacked, but the trichinæ very soon find their way to those of the chest and anterior portion of the neck, and by degrees reach the muscles of the back and extremities.

The track of the trichina may be seen as indicated in the last engraving by the white line or band, which was once a striped muscular fibre, but which is now only "detritus," or digested muscular tissue, in which the full-grown larva may be seen elaborating its shell, preparatory to entering the pupa or quiescent state. In this stony prison-house the self-immured trichina remains, without doubt, so long as the animal into whose body it has found its way continues to live, which may be decades of years. In this state they are sexless, and the further propagation of the species seems to depend solely upon the accidental circumstance of this parasite finding its way into the stomach of some living animal, where it may develop its sexual characteristics, and multiply its species.

In the transformations of this parasitic animal may be seen many analogies to insect life. The period of wandering and feeding is the "larva" stage. The encapsuled trichina is the "pupa" or "chrysalis," in which state it remains until released in the manner already described. The muscles upon which this animal has fed become useless in proportion to the number of ultimate fibres which are destroyed. When it is remembered that a single ounce of flesh may contain trichina enough to produce in eight days 3,000,000 young, it is not surprising that the entire substance of the abdominal muscles should be sometimes found consumed.

The symptoms progress, and the terrible fatality of this disease is well exemplified in the history of the Hettstadt tragedy, which is taken from a British medical journal:

"This village is situated near the Hartz mountains, in Germany. An annual festival was celebrated there some two years since, and one hundred and three persons sat down to a dinner, the third course consisting of *roste-wurste* and *gemuse*, (sausage and vegetables.) The sausage had been prepared beforehand for this special occasion. The steward who had been commissioned to furnish the pig for this purpose, gave the butcher a lean, ill-conditioned one, instead of the thrifty one which had been bargained for. The day after the festival, several persons who had participated in the dinner were attacked with pain and irritation of the intestines, with loss of appetite, fever and great prostration. The number increased from day to day, and an epidemic of typhus or septic fever was apprehended, as the symptoms began to assume that character. However, as the disease progressed, the symptoms assumed a different type, and to diarrhœa, dysentery and fever, were added peritonitis, circumscribed pneumonia and paralysis of the abdominal and intercostal muscles with those of the neck. Then the typhus theory was abandoned, and some unknown poison was assumed to be at the bottom of it. Under this conviction, every article of food and material used in connection with the dinner was rigidly examined. By this time the trichinæ had reached the muscles of the calf of the leg in some of the victims, and Zenker's description of the disease was called to mind. The remnants of the sausage were examined, and found to be literally 'swarming' with trichinæ. Portions of muscle from the calf of the leg of the affected ones were examined under the miscroscope, and were found full of *free* trichina. These were the progeny of the *encapsuled* ones which had escaped the smoking and trying process to which the sausage had been subjected.

"No less than eighty-three of the above-mentioned number died within a few weeks, and the surviving twenty at last accounts were still lingering in agony, and apprehensive of a similar fate.

"This awful catastrophe at Hettstadt awakened sympathy and fear throughout all Germany, and many eminent medical men were consulted in the interest of the sufferers, but none could bring relief or cure. With an obstinacy unsurpassed by any other disease, trichiniasis surely carried its victims to the grave.

"Many *vermifuges* were employed with the hope of removing the parasites still in the alimentary canal. Picric acid was employed, until its effects seemed as dangerous as the disease itself. An examination of the bodies after death showed the trichinæ to have been unaffected by any of the remedies employed. The terrible conviction now fastened itself upon the minds of all who witnessed these scenes that a person afflicted with this parasite was doomed to die the slow death of exhaustion from nervous irritation, fever and paralysis of all the voluntary muscles."

Dr. W. Mueller, of Homberg, was summoned to the place (Hettstadt,) to attend a relative who had been poisoned by this trichinous sausage. "On my arrival," he says, (Nov. 10th,) "I found the patient--who, previous to the attack, was a strong and healthy man, twenty-three years of age—perfectly conscious, with a slight œdematous swelling of the face.

On examination of the chest, a dull sound over about one inch and a half of the lowest part of the lower lobe of left lung was produced by percussion; crepitating rattles were audible, but there was no bronchial breathing, thus showing the beginning of resolution of the pneumonia; at the lowest part emitting the dull sound there was a slight pleuritic rubbing. The pulse was 140; respirations 48; and the temperature of the body 39° centigrade. The symptoms of the disease commenced on the 16th of October with loss of appetite and diarrhœa, followed by a sensation of painful weakness in the limbs and difficulty in moving the tongue; the pulse being above 100.

The patient was not confined to his bed during the day-time until the 6th of November, when the pneumonic symptoms commenced. The day after my arrival, (November 11th,) the symptoms were unaltered, with the exception of the pleuritic rubbing, which had moved a little higher up.

The whole of the pleuro-pneumonic affection was so very trifling that it certainly did not account for a pulse of from 140 to 150, and for the violent oppression, or rather as the patient explained it himself, "the weakness in drawing his breath."

The day following, the frequency of respiration varied between 30 and 60; the pulse was more than 200 and very weak; the temperature had fallen to 38° 6′ cent.; and the body was covered with a profuse clammy perspiration.

The other physical symptoms were as before, and the pleuritis had not extended higher. The complaint of weakness in breathing, or as the patient called it "the impossibility of drawing a sufficient quantity of air into the lungs," was increased; but he remained conscious and resigned, so much so that he several times asked me at what hour I expected he would die. At 7 o'clock P. M., Nov. 12th, he died. The post-mortem examination performed on the 13th proved an infiltration of a part of the lower lobe of the left lung extending upwards about an inch and a half from its lower margin, and three or four ounces of liquid exudation were found in the pleural cavity of the same side. When examining the chest and intercostal muscles, I found in every small piece placed under the microscope, trichinæ partly wound up, but not capsulated, partly forming a single sling and partly extended. In the examined parts of the heart and diaphragm no trichina were discovered."

The picric acid before mentioned which was so heroically applied in the treatment of the human subject, was administered to a pig infested with trichinæ. The animal died from its effects, but the trichinæ were found alive and unhurt on examining its body.

Prof. Mosler had an opportunity during the epidemic of trichiniasis which occurred at Quedlinberg in another part of Germany, of trying the efficacy of *benzine* in this disease. It was first tried on the lower animals and the success which attended its administration induced him to try it upon man. The form in which it was given was, Benzine, ʒij.; Sol. Liquorice, Muc. Ac. aa., ℥j.; Aqua Menth. ℥iv. Of this mixture a tablespoonful was given every hour or two.

The conclusions arrived at by Dr. Mosler in regard to this remedy are as follows: "Benzine holds the first place among anthelmintic remedies, and may be administered in larger doses to the human subject than was formerly thought possible; given in doses which are well borne by the human subject it kills the trichinæ in the intestinal canal and thus prevents its propagation or the possibility of reaching the muscular tissue."

Of course, no one will claim any efficacy in this treatment in the later stages of the disease when the animal has already reached the muscular tissue.

Since the Hettstadt tragedy, the public mind in Germany has had little rest from apprehension of this terrible scourge. A wholesale poisoning soon after occurred in Offenbach, a manufacturing town in Hesse Darmstadt. Upwards of twenty persons were poisoned by eating trichinous pork, several of whom have died. But Hettstadt, with its tragedy and appalling concomitants, is eclipsed by the late visitation at Hedersleben, another German village, where three hundred inhabitants partook of trichinous pork, and at this writing full one hundred are in their graves. The butcher slaughtered four pigs, which were sold to the villagers. The butcher and his wife, partaking of the same meat, became themselves the earliest victims. A very injudicious custom seems to have obtained in this village, as well as in many other parts of Germany, namely: that of eating pork in a raw state, cut fine and spread upon bread. Although the scenes at Hettstadt were still fresh in the public mind, and the very uniform character which the symptoms always present was well understood by the medical profession generally, yet the people, through fear and ignorance, fled from what they believed a visitation of *cholera.* The consequences can easily be imagined. Many were seized with the disease, and died on the highways. The irritation of the stomach, vomiting and diarrhœa, might well be taken for the premonitory symptoms of the above disease by the mass of the people. Indeed, the village doctor was himself misled, as he treated the sufferers with opium and astringents. This treatment was evidently intended to control the diarrhœa; but it proved fatal to the patients, by confining the parasites in the stomach and alimentary canal until they had an opportunity to pierce through the walls. Out of twenty-eight persons treated in this manner, twenty-seven died. One very remarkable fact has been noted in connection with the epidemic at Hedersleben, namely: that as yet no *children* have died of the disease, all having made a good recovery.

The recent developments in Germany will lead many to inquire anxiously into the history of the trichina in our own country. It has been known for some years among medical men that the encapsuled trichina was occasionally found in the muscles of the human body after death, but until very recently no authenticated cases have been reported where death was produced by the disease in question.

In the *American Medical Times* of Feb. 20, 1864, a case is reported by Dr. Schnetter, in which a whole family was poisoned by eating trichinous pork. The father was the only one in whom the poison proved fatal. This case occurred in New

York city. The *Buffalo Medical Journal* contains the account of two fatal cases occurring in the western part of the State. A man and his wife residing in the village of Chicktonaga were found to be affected by an "apparently acute rheumatism, of a peculiar character." Dr. Krombein, the attending physician, suspected trichinæ, and, the patients having shortly died, a microscopic examination was instituted by Drs. Krombein and Homberger, which demonstrated the existence of the parasite in great numbers. The specimens of muscle taken from the bodies of the dead, together with a remnant of the sausages of which they had partaken, were subsequently examined by Dr. Lathrop and Prof. George Hadley under the microscope, and trichinæ found in both. In the human muscle they were *free;* in the sausage, *encysted.* Other members of the family were affected, but probably did not eat enough to prove fatal.

All the evidence thus far adduced goes to show that the more the cooking the milder the disease. Those cases in which the pork was eaten *raw* were of the most violent character, and invariably proved fatal. When it is remembered that this parasite in its capsule has been subjected to a degree of heat little below the boiling point, without destroying its vitality, the importance of *thorough cooking* becomes apparent to the lover of swine flesh.

In examining pork for trichina, the capsules may sometimes be seen by the naked eye under the tongue; but by far the safer plan is to have a magnifying glass of moderate power—say from ten to twenty-five diameters—which reveals whether it be free or encysted.

It is well known that the common red "earth-worm" or "angle-worm" is infested with trichinæ, and in this way fowls and swine may become the subjects of the disease, as they devour the worm greedily. An opinion obtains with many persons that what is known as "measly pork" is more liable to be infected with trichinæ than any other. What facts there are to sustain this belief we are not acquainted with, but the "measles" in the hog is genuine *scrofula*, and it is a significant fact that the disease just mentioned shou'd have derived its name from *scrofa*, a *sow*. The ancients, however wild or erroneous may have been their *theories*, were nevertheless close and accurate observers of *facts*. In this way the *name* of the disease is made to indicate its *origin*. It is safe to conclude that more disease and death are caused by eating pork *without* trichinæ than *with* them. To those who are determined to eat swine flesh in spite of the trichinæ and the law of Moses, we would give some advice in regard to the manner of rearing them. "As filthy as a hog," is a common comparison; yet the pig is sometimes libeled. He has his likes and dislikes, and though he seeks his food among ordure or in the filthy gutter, yet he will not eat unsound or unhealthy food. If he is shut up in a close pen, and made to swim in his own excrements, he certainly is not responsible for his dirty plight. The fact is now pretty well understood in Germany that the pigs which have been infested with trichinæ were brought up in this manner, and gave evidence of bad health before they were slaughtered.

While engaged in penning this article reports are coming to us daily from different parts of the country of the discovery of trichinous pork, and at Detroit the death of a German lady is reported in whose body this parasite was found. *Thorough examination and thorough cooking* have been insisted upon in this article as preventives of trichina disease; but the only *infallible* one is to obey the Jewish law, and *eat no pork.*

ARTICLE V.

A Method of Inhalation in the Treatment of the Respiratory Organs.

Contribution to the Inhaling Therapeia.—No I.

BY ALBERT ROSENFELD, M.D., CINCINNATI.

The following medicaments are those mostly recommended and found beneficial by practitioners engaged in treatment by inhalation, and which I can recommend from my own experience.

I.—WATER.

1. Cold, of a temperature of 8–10° R. first recommended by Fieber against hæmorrhage of the respiratory organs.

2. Warm, an old known remedy to promete secretion and liquifaction of the mucus, also its evacuation from the respiratory organs, particularly efficacious in angina membrane croup of the larynx, in ulceration of the pharynx. Its effect is purifying and soothing at the same time.

II.—LIQUOR FERRI SESQUICHLORATE.

Dose from 2–20 grains to one ounce of distilled water.

Diseases: Hæmorrhage of the respiratory organs. Catarrh of the same, especially in anæmic persons; profuse secretions, where it acts at the same time as an Antiseptic; Tussis convulsiva. Contra-indicated in persons of very delicate and irritable constitution, particularly of that class of females with extreme vulnerable mucous membranes. The teeth, especially if carious. become black by the inhalation of the sesquichlorate under the influence of light, a precipitate of proto-chloride of iron is formed and for that reason it should be procured in the dark. Sulphuric acid will remove any precipitate of the liquor that may accumulate in the glass tube of the apparatus.

III.—NITRATE OF SILVER.

Dose from 1–10 grains.

Diseases: Inflammatory and especially ulcerative processes of the pharynx and larynx. Pharingitis granulosa. The inspiration of this drug should not be deep. The solution must be kept in the dark, and as it becomes decomposed even in the dark, it must be filtered always before it is used. Stains on the fingers or clothes can be removed by a concentrated solution of iodide of potassium or cyanide of potassium.

During the inhalations the patient protects himself against the blacking either by a mask or the application of any fatty substance such as cerate of glycerine.

IV.—ALUM.

Dose from 5–30 grains.

Disease: Inflammations, particularly the catarrhs of the pharynx and the respiratory organs. Excessive secretions in hæmorrhages where a more prolonged action is required than in the inhalation of the liquor ferri sesquichlorati.

V.—TANNIC ACID.

Dose from 5–20 grains.

Disease: As above, especially against croup ot the larynx and the œdema of the glottis.

Its effect is also antiseptic. The solution can not be kept long. After a short time it becomes flabby by a precipitate of gallic acid.

VI.—SULPHATE OF ZINC.

Dose from 5–10 grains.

Diseases: Excessive secretion. It is also used as a steam douche in excoriation of the eyelids.

VII.—EXTRACT OF KRAMERIA (RHATANY.)

Botaille so used the same in his own case with the best effect against chronic inflammation of the respiratory organs.

VIII.—TINCTURE OF IODINE.

Dose from 1–20 grains.

Diseases: Granulous inflammation of the pharynx; pharyngitis sicca, and in all diseases of the pharynx in which the glandular apparatus is pathologically altered, furthermore in chronic swelling and hypertrophy of the pharyngeal structures-

IX.--IODIDE OF POTASSIUM.

Dose from 2–20 grains.

Diseases: The same as above, only not so valuable as the tincture of iodine.

X.—BROMIDE OF POTASSIUM.

Dose from 1–10 grains.

Diseases: Laryngeal Croup.

XI.—CHLORIDE OF POTASSA.

In diphtheritic and aphthous disease of children.

XII.—FOWLER'S SOLUTION.

Dose from 1–20 drops.

Diseases: Nervous Asthma.

XIII.—SUBLIMATE—CORROSIVE MURIATE OF MERCURY.

Dose from $\frac{1}{8}$–2 grains.

Diseases: Syphilitic Affections of the pharynx and larynx.

XIV.—NATRUM CHLORATUM.

Dose from gr ij.–ʒiv.

Diseases: In catarrhal affections of the respiratory organs it acts as an expectorant, also in tubercular pulmonalis.

XV.—HYDROCHLORIDE OF AMMONIA

Dose from gr. x.–ʒij.

Diseases: Acute catarrhal affections of the larynx and bronchia, used as an expectorant with great success.

XVI.—CARBONATE OF POTASSA.

Dose and Disease the same as those in muriate of ammonia, besides that in a certain kind of pharyngitis folliculosis.

XVII.—TARWATER (AQUA PICEA.)

Dose from gr. i.–gr. x.

Diseases: Excessive putrid secretion, bronchioectaries, gangrene of the lungs, tuberculosis pulmonalis, emphysema, as an antiseptic par excellence.

XVIII.—OLEUM TEREBINTH RECTIFICATUM.

Dose from 1–2 drops.

Diseases as above.

XIX.—OLEUM CADINUM.

Dose from 2–4 drops.

Disease: Emphysema (Leiblinger.)

XX.—AQUA AMYGDALARUM AMARUM CONCENTRA.

Dose from 10–20 grains.

Diseases: Used as a sedative in painful affections of the larynx and the rest of the respiratory organs; in excessive irritation of the mucous membrane. Used as a corrective in the liquor ferri sesquichloride and other irritating substances.

XXI.—SULPHATE OF MORPHIA.

Dose from ⅛–½ grain.

Diseases as above.

XXII.—TINCTURA OPII.

Dose from 1–3 grains.

Diseases as above.

XXIII.—EXTRACT HYOSCYAMI.

Dose from ¼–2 grains.

Highly recommended by Fieber, in whooping-cough, intense bronchitis, and catarrhs of the bronchia of a spasmodic character.

XXIV.—Extract Cannabis Indica.

Dose ¼–2 grains.

Diseases: For painful coughing in tuberculosis pulmonalis.

XXV.—Extract Conii Maculata.

Dose from gr. i.–vi.

Disease: Incessant irritation of the larynx.

XXVI.—Belladonna.

In whooping cough with nocturnal exacerbation.

XXVII.—Atropium Sulphuricum.

Dose ¼ gr. to 20 ounces of water.

XXVIII.—Sulphate of Quinine.

Dose ½ gr. to 20 ounces of water.

Against paroxysms of cough with a periodic character, produces congestion and even hæmorrhage of the lungs.

XXIX.—Glycerinum.

Used by Demarquay in connection with tannin, 1 part of tannin, 50 parts of glycerine, 100 parts of water.

XXX.—Oleum Olivarum.

Used as mixtura oleosa (Extract alcohol seminum hyoscyami gr. vi; oleum olivara ℥j.; pulv. gummis arabic ʒss. aq. fontana lb.ij.) in dry and whooping cough.

Besides these substances mentioned the different mineral waters can be used in inhalations according to their specific properties. Generally speaking, every chemical body which is soluble can be atomized, and therefore inhaled. But it must be borne in mind that besides the local effect, the medicaments are much more readily absorbed through the mucous membrane than they are by internal application.

These doses in the foregoing article are adapted to the Inhaling Apparatus on sale by Mr. Max Wocher, of this city.

Medical Societies.

The Cincinnati Academy of Medicine.

R. R. MC ILVAINE, M.D., PRESIDENT.
W. H. MCREYNOLDS, M.D., Secretary.

[Discussion on Cholera Continued.]

DECEMBER 4, 1866.

Dr. John Davis.—If the non-contagionists had followed the line of argument we have pursued, we would not now be forced to refer to facts before stated. If Dr. Patton had done so, it would have saved me the trouble of attending a second time to the course of travel pursued by Cholera. It does not always travel westwardly nor north-westwardly. It has, unfortunately for Dr. Patton's theory, only followed westwardly lines where there were good roads for human travel; and it has never shown a partiality for westward roads when there were lines in other directions, equally traveled by man.

From Jessore, in 1817, it followed the radiating lines southward and eastward to the isles of South Asia, and to China; at the same time following the northwesterly road for Europe arriving at Astracan on the north shore of the Caspian in 1823. But here its passage was obstructed by quarantine. And from the south shore of the Caspian Sea, whence it had come to Astracan, it pursued a southward course toward Mecca, traveling with the caravans. If epidemic, why was it arrested at Astracan? Quarantine has never arrested an epidemic. Upon arriving at St. Petersburg in 1831, if it extended by epidemic influence, it should have crossed the Baltic Sea into Sweden. But here again, as at Astracan, it was checked by quarantine, and then took a southward route, through Poland; and thence a westerly course to Hamburg; thence to Sunderland, reaching that place Oct. 26, 1831.

It did not reach Sweden until three years afterwards, having passed from Hamburg northward through Denmark and Norway. Why did it not go from Scotland to the Shetland and Orkney Islands directly? Quarantine prevented. Is this like the behavior of an epidemic? The course of Cholera is irregular, or rather regular, with the lines of human travel.

Dr. Patton, with the non-contagionists, says that he believes the disease never reached a high northern latitude. It is true that it never did reach Iceland. It is also true that it did not invade the islands north of the east coast of Scotland. But the reason is obvious, when we consider the disease as spreading by contagion. First, there is very little travel to these places; and in the second place, in these islands, and also, I believe, in Iceland, quarantine regulations were instituted.

Cholera appeared on shipboard in Bressay Sound among the Shetland Isles, but was prevented from reaching the land by quarantine. But Cholera has appeared as far north as Iceland in Norway and Sweden. In its first march in Europe, it reached Moscow, September 24th, 1830; and while it moved westwardly toward St. Petersburg, it, at the same time, traveled northward and reached Archangel the following Spring. Archangel is in latitude very near sixty degrees, which parallel runs through the middle of Iceland.

Dr. Richardson presumes that Cholera is not contagious, because quarantining did not keep it out of Vienna at a particular time.

Vienna is an inland city, very unfavorably situated for protection by sanitary cordons. There was some ingress and egress all the time. No barrier existed to the entrance of goods, and it is known that it can be conveyed in goods and clothing without the persons carrying the articles being affected. When Cholera was all around the city, it was not to be expected that it could be excluded.

Dr. Richardson, in this connection, should have explained why sanitary cordons were of avail at Astracan, to exclude the disease effectually for five years, and to prevent its extension from the place for seven years after its first appearance at the port, and why quarantines kept it out of Sweden for three years after its appearance on the east shore of the Baltic.

I confess that in many places, physicians did not take the disease, but where the poison has been sufficiently concentrated, all precautions have not availed to protect them.

Russel and Barry state that many physicians died of this disease in St. Peterburg. Dr. Allison also mentions cases of physicians falling victims. Granting that the instances are comparatively infrequent, the case is the same with other contagious diseases. How seldom do Doctors take typhoid fever. We come in contact with it year after year, and yet comparatively few of us suffer from it. Cholera more resembles typhoid fever than any other contagious disease. We only see patients in the first stage. They either die or get well before the inflammatory stage comes on.

Dr. Murphy objects to the theory of contagion, on the ground that it will scare people. This is a very poor reason to influence gentlemen in the discussion of a scientific fact.

I will now return to the original line of argument. I said that as light increases, physicians will more and more conclude that Cholera is a contagious disease. I will cite you to the report of the registrar general on the mortality of Cholera in England and Wales in 1848 and '49.

Setting aside London, where *more than half* of all the deaths of the whole country occurred, let us divide the sea districts into three classes:

1st. Large ports where in every instance the population is dense. In these there were 125 deaths in 10,000 inhabitants.

2nd. Secondary ports. Here the mortality was 47 to 10,000 persons.

3rd. In the other sea districts, including only small ports, often inaccessible to ships, the mortality from all causes was only 15 to 10,000 inhabitants.

In forty-seven districts on the river and sea margins there were 85 deaths from Cholera in every 10,000 inhabitants, while in forty-one districts lying inland and including the large towns, (except London) there were 38 deaths to 10 000 inhabitants. Does it not look like the disease was contagious, when its first appearance and greatest prevalence in England was at the gates of entrance to the cemetery.

Drs. Bailey and Gull in a report of facts to the Royal College of Physicians and Surgeons, declare their belief in its contagion.

Dr. Richardson.—I look upon the discussion of this subject of contagion as a very important one. We can arrive at nothing definite concerning its pathology; and its treatment is founded on mere individual opinion. The discussion of its contagion is important on account of the effect upon the people. If it is contagious we should go to work at once to surround ourselves with a sanitary cordon to keep it away if possible. This matter of an incubatory stage it is very important to recognize in a contagious disease. In smallpox, measles and scarlatina, this point is well ascertained; and after a person has been exposed and passed the period of incubation, he is considered secure against an attack. If we admit that the contagionists can take as much latitude as they do with respect to the periods of incubation of Cholera, every disease, which is capable of extension, may be called contagious.

As to facts, gentlemen, have been depending on memory, I prefer to go to the record. I will read from Dr. Bingham, of Connecticut, the best authority published up to his time.

The Doctor here read the account of many cases where Cholera did not spread by contagion, although the circumstances were highly favorable for it to do so.

Dr. Patton—In reply to Dr. Davis' observation, "That Cholera oftener prevailed in large cities and ports than in small and unfrequented places," said this slight preponderance was due to greater intercourse between the larger places, as human intercourse is one of the minor elements in its propagation! All other things being equal, we would expect to find it most prevalent, along the most thickly populated routes and where the population is the most dense. Its fatality would be greater in cities owing to the lack of proper hygienic conditions of the inhabitants, for, as a general rule, the larger a place the poorer may we expect to find the sanitary state of its people. It was enunciated as a general law of epidemics, that they usually originated in the East and spread, generally, in a westerly direction. Their usual *origin* in the East is probably not disputed. The epidemic cause, whatever it may be, spreads westward; when arriving in Western Europe, divergent waves spread from the main currents; though whether this divergence be northward or southward, its general course is westward, being north or south-west rather than north or south-east. When the epidemic influence reaches this country the very same happens. It spreads, as the rule, toward the west, instead of from west to east.

During the session of two weeks ago, several general laws of contagious diseases were enumerated; one was that of Incubation, as peculiar to them. In addition to the judicious remarks upon this subject by Dr. Richardson at the last meeting, it may be stated that every *known* contagious disease has a period of dormancy preceding general symptoms. This period of latency, moreover, is confined within certain and definite limits, so that when an individual is exposed to one of these diseases and remains in perfect health, after its stage of incubation has passed, he may be pronounced beyond danger.

We can approximate to the duration of their respective incubatory stages; estimating, not from the first day of sickness and fever, but from the time of exposure to the exciting cause, to the supervention of distinct symptoms.

For example, it is estimated to be, in scarlet fever, from four to six days; in measles, ten to fifteen days; in smallpox, twelve days; in syphilis, about forty-five days; while Cholera has none, or if it has, what facts indicate it, and what is its probable duration? When Cholera reached Muscat, ten minutes only elapsed after the first seizure before life was extinct. At Bunderpore, it raged with such severity that three hundred and fifty died in the streets, tumbling over each other lifeless; or, according to an eye-witness, as if knocked down dead by lightning. At Kurrachee, in 1846, says Dr. Milroy, "In less than five minutes, hale and hearty men were seized, cramped, collapsed and died." When the disease broke out at Teheran, in May of the same year, those who were attacked dropped down suddenly, as if in a state of lethargy, and immediately expired. In the camps at Bulgaria and Scutari, during the outbreak of Cholera in the allied armies in the summer of 1854, the rapidly fatal character of the disease was equally notorious. Indeed, in every severe epidemic, cases proving fatal within an hour, are not uncommon. Can these instances,—such obstinate facts, be easily reconciled with the idea of incubation? It may be objected that the Cholera poison was so intense as to suddenly overwhelm all Nature's efforts at resistance. The reply may be made, that this fact is true of no other known and admitted contagion, not even of small-pox, which is thought to be the most contagious of all diseases.

Again, its diffusion is not analogous to that of any confessedly contagious affection.

According to Dr. Aitken, a very careful and minute inquiry into the history of the earliest cases of Cholera in London, in 1848, by Dr. Parkes, and in Newcastle by Dr. Robinson, shows that the poison could not have been brought by the clothes or baggage of any persons coming from infected districts in England, or on the Continent. Similar observations were made in Scotland; for instance, in one of the Western Islands, the most remote from the main land, the disease suddenly appeared, when so little intercourse existed with the place, that the clergyman of the Island continued regularly, every Sunday for eighteen months, to pray for King William the Fourth, as if he had been alive, after Queen Victoria had ascended the throne.

In the summer of 1850, Cholera broke out suddenly and violently in every quarter of Stockholm, Sweden. It prevailed at the time in Finland, and undoubtedly passed over the Gulf, unaided by human intercourse, as all vessels were quarantined near thirty miles from the city, and none of the passengers permitted to go beyond the limits of a small island, precautions surely strict enough to stay any infectious disease.

Dr. Condie states, when the disease invaded Philadelphia, it appeared simultaneously in widely separated sections of the city, between which there had been no previous communication; moreover, that he was unable to discover the slightest evidence of the disease having been in any one instance, communicated from the sick to the well. Dr. Parkes writes, in *The London Medical Gazette*, that it appeared at once in various quarters of London in 1848; and Dr. Shanks, in the *American Journal of Medical Sciences*, makes the same statement relative to its progress on the Mississippi in December of the same year. In a communication in the *New York Journal of Medicine*, Dr. Sterling states, while attending to the affected emigrant ship, which arrived from Havre, Dec. 1st, 1848, that those persons who were most exposed to the sick, were not attacked; and that only three deaths occurred in New York, one of these being in a filthy, badly ventilated overcrowded tenement house of two hundred inhabitants. It then died out suddenly and totally, which could not certainly have happened, had the disease been truly contagious.

Furthermore, the Cholera poison does not emanate from the dead body, as would be expected, if the disease was highly contagious. Dr. Allison remarks that the dissecting rooms of the University of Glasgow were supplied exclusively by Cholera subjects during the years '32, '48 and '49; and in neither year was there a single case of Cholera among the numerous students engaged in those rooms.

It is the general opinion, though an erroneous one, that this disease is propagated by human intercourse. Dr. Aitkin, of Edinburgh, though believing in its contagiousness, affirms that its propagation by human intercourse is the rare exception, while its diffusion from other causes is the general rule. The very opposite of this is undeniably the fact relative to the propagation of the poison of contagion.

Dr. Carroll.—I thought I would like to say something about the location of Cholera hospitals, but do not know whether I shall get to that point this evening. It is perfectly useless to debate a question of this kind upon suppositions. Such a course will never lead to any satisfactory conclusions. One gentleman states that epidemics always originate in the east and travel westwardly. Is this so? Yellow fever belongs to this country and has never reached Europe yet.

Dr. Quinn remarked that it had reached Africa.

Dr. Carroll proceeded. That may be so, but it did not get there by traveling westwardly. Cholera came to this city in 1832 from New Orleans. This thing of epidemics following the course of travel is very singular. Epidemics dont skip one spot and alight on another beyond it. They don't make victims in the lower story of a house, and leave the people in the upper story untouched, as the Cholera did in the case I related of the house on Plum Street. In the Orphan Asylum where proper precautions were taken, it did very little mischief. Wherever the poison is confined it will infect and destroy. As to doctors not taking the disease, I say they are liable to it. In Eastern Ohio they did take it, and communicate it to their families and others, and died of it, some of them, too. Dr. Flanner, of Zanesville, and Dr. Evans, of Harrisonville, both died of Cholera.

I don't want to go to Europe for instances to prove its contagious character. We have enough of them at home. Dr. Williams, of College Hill, now dead, told me that a man living at College Hill, went home from this city, took Cholera and died. The disease spread until it reached Eaton. He counted one hundred deaths that resulted from this case. What but contagion could be the cause here? I think there must be something mentally wrong with gentlemen who, in the face of all the facts, persist in denying the contagion of Cholera. The Parisian doctors at first thought it not contagious, and half the patients put in their hospitals died. In New York, they believed it was not contagious, and hence did not take the necessary precautions against its spread, and it proved very fatal. In Philadelphia every attention was given to improving the sanitary condition of the city, by cleaning the streets, compelling the cleaning of privies and the like, and consequently, the loss of that city was very small. We, in Cincinnati, with Prof. Harrison at the head, believed it was not contagious. Filth abounded, processions and parades were the order of the day, and dray loads of coffins could be seen on the street all the time. All the ignorance and some of the intelligence went with the non-contagionists.

Dr. Drake did not believe in direct contagion. He was too wise a man to believe it a mere influence in the air alone, but he adopted the animulcular theory.

Dr. Storer, in his report says, that we lost one in fifteen. I think we lost not less than one in twelve of our population.

We had our hospitals within the city. It was proposed to locate them outside of town, but the disease was considered to be not contagious, and the proposition was not supported. The First Ward had a hospital of rough boards, not closely built, upon the hill side. The air circulated through its walls all the time and in it the deaths amounted to 1 in 4. In Commercial Hospital 1 in 2½ proved fatal. In the Quack Hospital 1 in 2½, and they sent all their bad cases to Dr. Raymond. It does not matter if the disease is contagious, so we keep clean and don't get scared. The churches and school houses should be closed. All public crowds and sources of excitement should be avoided. Lord Bacon, the great philosopher, said, that when prisoners with fever were brought into court, if persons over whom a current of air from the prisoners passed, took the fever, he thought it to be contagious.

It was left to Boerhave to declare that smallpox was contagious. I believe that yellow fever is contagious to some extent. It is all humbug to say that because no distinct period of incubation can be declared, any disease is not contagious. We know of no such rule in glanders, and yet none can deny that people take it by contagion.

Dr. Quinn.—I have listened with interest to this discussion, and I doubt whether I now know any more of the nature and treatment of Cholera, or of its contagiousness, than before. We have had histories, and even new theories, and some speculations on the specific gravity of the cause, and modes of treatment. After all, I feel a good deal like Dr. Murphy, and the concluding remarks of Dr. Carroll. Are we able now to tell the authorities how to prevent its coming, or how to meet and treat it? All discussion should be directed to this point. The cause is interesting to scientific men, but we have little hope of discovering it. Much attention has been given to this subject, but no sooner is one theory set up than another knocks it down. If we could prove the cause to be a pardonable agent, we might discover the laws by which it is governed; this would go far in the direction of prevention and cure. If the cause is in the rice water discharges, they should be very carefully disposed of, or the poison neutralized by some chemical agent. Filth we very well know to be one immediate cause, but the remote cause we have not been able to discover.

Whether or not it is contagious is very important, because physicians often have to answer the question. In answer to the statement that it always pursues the line of human travel, it is said often to appear on the ocean and in the midst of deserts, where it could not possibly be conveyed by travelers. Why is its progress sometimes more and sometimes less rapid than that of human travel? Why, if contagious, does it sometimes leap over one city in the line of travel?

To the argument that the first case is always imported, I reply by asking, why it does not diffuse itself in all directions? Why does it affect particular spots in cities, and even in houses?

Almost all authorities admit that physicians and nurses are not more liable than others. A few do take it because they are exposed to the same influences.

Many other reasons have been alluded to, which fully convince me that the disease is not contagious.

In 1854, the manner in which the Cholera acted in the Lunatic Asylum of this county, would appear to corroborate the views of Dr. John Davis. A patient was admitted from New Orleans, and died of Cholera on the 1st of June. In six days another case appeared. Unusual precautions were taken to keep the patients from going near the apartments of those afflicted. They were closely watched when they went to the water closets and to their rooms. No other case occurred until the 26th of June, when the supply of water failed, and it became necessary to haul water from Millcreek. The change of water acting as a predisposing cause, Cholera broke out and created a panic. The nurses fled, the assistant physician took sick, and I was compelled to remain at the Asylum. The first case was a feeble old woman, and the next a very robust woman who did washing. All who had not Cholera had some derangement of the bowels. Eleven died, nine males and two females. The disease spread from the laundry through one building. The old Lunatic Asylum consisted of three buildings, only one of which suffered from the disease. All the clothing and stores of the Asylum were kept in this building, and there was constant communication, through the doctors, nurses and servants, between it and the other buildings. If the disease is contagious, why did not the inmates of the other buildings take it. To promulgate a belief in its contagion will have a bad effect upon the people.

In 1849, in Sandusky they believed in its contagion, and the result was a general stampede. A telegram was dispatched to this city for aid, and with several other young physicians I went to Sandusky. We found a perfect state of panic. In five minutes after we reached the depot not a single person remained. I went into a house and found a dying man alone. Soon a lady came into the room, with camphor to her nose, and asked what was to be done. After receiving directions she quickly retired; this was the wife of the dying man. Such was the effect of a belief in contagion. Fear killed them, and no confidence could be established until the first cures were effected under the plan of treatment which had been adopted in this city.

Dr. Richardson.—I should like some opinion from the advocates of contagion, based on facts, as to the period of incubation. Communicative diseases have some *established* period of incubation. In smallpox, the period of incubation is more than forty-eight hours. Cholera has no period of incubation, as far as we can get at it. In 1848, persons were attacked on board of vessels which had been at sea for weeks. In Bennett's history of the disease in 1832, we find the following case. A regiment was going up the Ganges on boats, and the men were attacked by Cholera when they came in the vicinity of an affected locality. There was no communication with the shore. On the contrary, a knowledge that a particular part of the shore was affected, made the boats hasten to pass it and get out of the danger. After the boats had passed the affected point for a certain distance, the Cholera on board suddenly subsided. With a second fleet of boats, transporting another regiment up the Ganges, the case was similar. And yet contagionists claim another origin for the disease. When persons get their minds into a state like this, it is very difficult to disabuse them. If one member of a family has a disease, why can not another member of the same family take the same disease? both are exposed to the same causes. What good did a double cordon around Vienna do? It did not protect the city against the attack of Cholera. The disease proved very destructive there.

What class of persons was more exposed in this city in 1849 than physicians? They were not accustomed to the disease, and were subjected to every possible exciting cause. They were irregular in meals and times of rest, and remained long with their patients, under the idea that frictions were beneficial. Yet but three undisputed cases terminated fatally among them, viz.: Drs. Mulford, Baker and Harrison. Admit that Dr. Shotwell died from Cholera, and we have four cases, but Dr. Shotwell's case was not an undisputed one of Cholera. Only four doctors at most died of Cholera in '49, '50, '51, '52. There were two hundred physicians in the city, and four deaths in this number was a very small proportion.

Dr. Carroll.—There were fifteen deaths of doctors—eight regulars and seven quacks. I can not now give the names, but will do so at another time.

Dr. Hiram Smith read a paper in opposition to the theory of contagion.

Dr. Murphy.—I would like to ask the advocates of contagion what opinion they would give, should the Board of Health ask their advice concerning the propriety of opening Cholera Hospitals within the city limits. Would they advise such a course or not? This question is worth nothing outside of what may be made of practical utility. Will this theory induce gentlemen to advise hospitals to be opened inside the city or outside with a fence around them. In '48, '49, '50, '51 and '52, Dr. L. M. Lawson was the only man I know who believed in contagion, and yet he was not afraid to go home to his family after he had been in contact with the disease. This doctrine will drive people out of the city. I do n't think the advocates of quarantine ever believed in contagion. The only practical result of such a belief is to put hospitals outside of the city, and forbid all kind of communication with them. People are already asking. is this disease catching? particularly the Irish, as they remember the panic of Dr. Graves' contagious fever. I have been asked by people, where they can go, to warrant immunity. If I believed in its contagiousness, I should advise them to resort to a high locality.

Dr. Carroll proposed to make the location of hospitals the subject for discussion at the next meeting.

Dr. John Davis.—Dr. Patton mentions the case of two vessels leaving ports not affected by Cholera, and the passengers taking the disease at sea. He should particularize where these passengers came from previous to embarking. The Atlanta came from Havre where there was no Cholera, but the Cholera was in Paris, and the passengers had come through that city on their way to Havre. Suppose there had been none of the disease in Paris, we then should only have been compelled to look further back on the route of the passengers for the source of contagion. The non-contagionists should show, not only that the passengers attacked came not from infected, but also that they had not touched at infected places.

On the 3d of March, 1849, a young woman, belonging to Campbelltown in Invernessshire, came to that town from Glasgow, having with her the bed covers and clothing of a relative who had died in the latter part of January of Cholera. On the 14th of March, she washed the clothes, and poured the suds into a drain that ran between her house and the next one. At the time, the occupant of the next house and his son were engaged in thatching it, and used for the purpose some of the clay contiguous to the drain. They also occasionally went into the woman's house. On the 16th of March both of them took Cholera and died on the following day. Within two weeks, thirty-nine other cases and twelve deaths occurred. Most of the cases being traceable to communication with persons already affected. This took place when no Cholera existed nearer than Glasgow, fifty miles off. An extent of country, with Campbelltown as its centre, one hundred miles square, was free.

We are told that such a succession of cases proves nothing.

I contend that repeated instances of such succession does amount to a great deal. We may say that Cholera never occurs without such succession. To this there are seeming exceptions. There are tainted houses, tainted districts where the poison lurks, and people who go there will get the disease. Manner of life or something in local circumstances may favor or retard its development and extension. It is so with measles and scarlatina. Occasionally one case will appear, and other members of the family will escape, particularly if proper attention is given to ventilation. Smallpox, too, sometimes has seemed to suspend its contagion. On a slave ship, where smallpox appeared, vaccination and inoculation took for a time, but soon after ceased to have any effect. Then the smallpox was of a mild character and did not extend. A dry East wind was supposed to be the cause of abatement. As soon as the air became moist and sultry, the disease began to spread again.

Correspondence.

Letter from Paris.

(Dr. Wade has kindly furnished the following interesting letter for publication.)

PARIS, January 10th, 1866.

DOCTOR:—I should have written to you long ago, but have delayed doing so that when my brief experiences are told they may prove readable, if not peculiarly interesting.

I arrived in this city on the 6th of last July, and have passed the time since in constant attendance at clinics, excepting six weeks in the Autumn, that were devoted to a flying tour to the Rhine, Switzerland aud Italy. As even a slight description of what I have seen in those countries and Paris is impossible within the narrow limits of a letter, I shall have to refer you to the many books of travel on those topics so much better composed than anything I could offer. However, you may be interested in a cursory survey of the medical features of this capital.

Among the celebrities in our age, who fill high positions here, is the venerable surgeon, Dr. Velpeau who, as it were, clasps hands with the past and present generation. Although seventy-three years of age, he still walks with a firm step and his mind is very active for one so advanced in years. He still holds the position of Clinical Lecturer of the Faculty of Medicine, and has a large service at the *Hopital de la Charite*, Great numbers of students, especially foreigners, crowd to hear the words of the man who has written so much that has guided the actions of surgeons for years past, and will continue to exert a wide influence long after he is gone. But, although he thus continues in active service long after most men have retired, he does not trust himself to perform delicate operations, preferring to wear gracefully the laurels he has already won.

Ricord, whose name is so familiar wherever modern medical art has penetrated, is no longer connected with the hospitals. He retired from the *Hopital du Midi* in 1860, after serving over thirty years, and does not now honor the world with his lectures. Nevertheless, I had the extreme good fortune to hear him deliver a lecture, at the request of Dr. Bouchut, on the transmissibility of syphilis by vaccination. It may be interesting to you to know that he believes syphilis is sometimes inoculated in that manner, but that the cases are rare. The vein of wit that continually showed itself during the discourse and the merry twinkle of his eye indicate that he has a great deal of youth remaining yet. He devotes himself entirely to private practice, and the description that is given of his consultation table covered with twenty franc pieces surpasses the dreams of the most sanguine castle-building doctor.

Maisonneuve is at the Hotel Dieu and is still applying the sticks or arrows of choride of zinc for the extirpation of cancer of the breast, notwithstanding the almost universal verdict against them. He passes through his wards very rapidly, and it often troubles the students to keep pace with him. The quick manner in which he questions patients, and makes the diagnosis, indicates a man of business, and his entire demeanor denotes one who has little reverence for fine spun theories of others, although no person will elaborate one more readily than himself. He is a very bold operator and performs too many experiments, to ever attain the first position among the surgeons of Paris. Yet his mistakes will often prove of more benefit than if he had followed in the trodden path. He still occupies himself a great deal in the invention of surgical instruments.

It is almost needless repetition of what every one knows, to tell you that Nelaton is the first of Parisian surgeons. And this is not surprising, for he combines the graces of an attractive person, exceeding affability, great knowledge, and almost unequalled skill. His clinics are always very much crowded, and in the wards when passing from bed to bed, no little hurrying and perseverance is necessary to get a position to see well. He is, undoubtedly, the best surgical lecturer in the city, and he displays an intimate knowledge of the minutest anatomical details and a peculiar aptitude for close analytical diagnosis that is unsurpassed.

Trousseau, the well known physician and medical author, is about fifty-eight years of age. He is above the medium height, and has a fine head, and noble, frank countenance. As he passes from patient to patient, examining them with a gentleness almost unknown in French hospitals, we wish that he may be blessed with eternal rejuvenessence, but although he still stands erect and steps almost with the elasticity of youth, the silvered locks remind us that age will soon overtake him.

The city is crowded with specialists. The first among oculists are Desmarrs, Jr., and Liebreich.

Dr. Desmarrs, the son of the one who stood at the head of this specialty some years ago, is a young man from twenty-eight to thirty years of age. He is possessed of great ability and remarkable talent, and you will readily conceive that this must be so when told that the only one who can contest with him the very first position is Dr. Liebreich. He operates with dexterity very rarely equalled, and is eminently successful. His clinic is very large, often not less than two hundred patients being present, and within the year he has between fifty and sixty thousand cases under his charge. Thursdays are devoted especially to ophthalmoscopic study, and the urbanity he manifests in permitting students to examine the patients is exceedingly gratifying. Three times a week, in the evening, he gives lectures on Operative Ophthalmology, and devotes one evening in addition to the practice of the operations on the eyes of animals, furnishing each student with material, instruments and instruction free of charge. As a lecturer, he speaks fluently and entertainingly, and expresses his ideas with great clearness.

Dr. Liebreich is from Germany, having spent very many years under the immediate tuition of the illustrious Graeffe, and passed a long time in a large Ophthalmic hospital at Berlin. He is now, perhaps, thirty-eight years of age, and is not unknown to the world as the author of a most excellent chart of ophthalmoscopic diseases. Although he has been but little over two years in Paris, he has gained a most enviable position. The Emperor has bestowed on him the cross of the Legion of Honor, a distinction seldom permitted to foreigners. But, a short time ago, he operated on the mother of the Empress for cataract. His clinique is large and especially instructive, owing to the erudition and faultless judgment he brings to bear on every subject, and the exceeding care he takes to illustrate every symptom of the disease of which he speaks in the living patient.

In the application of the laryngoscope to the investigation of diseases of the larynx and trachea, Dr. Fauvel stands preeminent. Twice a week he gives clinical consultations for students, and then by the aid of a strong calcium light so illumines the pharynx that six or eight persons at once can see distinctly in the mirror, the larynx, the action of the vocal cords and sometimes the entire trachea even to its bifurcation. His treatment of the diseases that fall within his specialty is very successful, and the adroitness with which he applies his remedies is certainly wonderful.

But this letter is already quite long enough. However, before closing, it may be interesting to you to know that the Cholera still lingers in this city, but the number of deaths—about four a day—is so exceedingly small that hardly any notice is taken of it. There are many who think that it will break out in the Spring with redoubled violence as it did once before when it invaded the city in the Fall. At present the medical journals are filled with statistics and returns concerning the various forms of treatment, but nothing new is presented worthy of note.

With the best wishes for your health and prosperity,

I am very truly yours, GEO. E. WALTON

DR. D. E WADE, Cincinnati, Ohio.

Letter from Baltimore.

Special Correspondence of the Cincinnati Lancet and Observer.

BALTIMORE, MD., February 26, 1866.

WITH pleasure I call the reader's attention to the Maryland Institution for the instruction of the blind. The fifth annual report of this Institution has just been issued. The erection of the new building on Northern Avenue, between Charles

Street and the York road, is progressing as rapidly as circumstances will admit. It was originally supposed that it would cost $75,000, which sum is now on hand, but it has been ascertained since that it will require $50,000 more to finish it. There were twenty-four pupils under instruction at the close of the previous report, four of whom have left during the year, and twelve new pupils have been received, leaving in the Institution at the close of the year thirty-two pupils; eighteen of this number are from Baltimore city, nine from the several Counties, and five from the District of Columbia. The Columbia Institution for the blind at Washington, having, by a recent act of Congress, become a National College for deaf mutes, the blind inmates of that Institution have been transferred to the Baltimore Institution, where they are regarded as United States pupils, and the Washington Institution has made a handsome donation of their school apparatus and books to its Baltimore friends, putting them in possession of all the most valuable books published in Boston type, and also some in the Philadelphia type, the dictionary alone being a very important work. During the year the receipts of the Treasurer amounted to $33·384,08; leaving a balance on hand at the close of the year of $2·970,21. The Institution is in a *very prosperous condition.*

From the *California Youth's Companion* I select the following: Dr. Richardson has found that one good Havana cigar will yield, when smoked, and its smoke is condensed, a sufficient amount of poisoned matter to induce active convulsions in a rabbit, and six pipes of common shag tobacco will yield sufficient poison to destroy a rabbit in three minutes. What a warning to those who use the Indian weed, this should be. The *Chronicle*, commenting on the above, concludes the article as follows: "The deduction is plain and simple; it is very unhealthy for rabbits to smoke good Havana cigars, especially if they aggravate their folly by 'condensing' the smoke—a thing which must infallibly produce 'active convulsions' of laughter, or some other kind of convulsions, the author of the above treatise being somewhat obscure on this point. Also, it would be in the last degree fool-hardy and absurd for a rabbit to indulge in more than five pipes of 'common shag tobacco' unless circumstances rendered it an object with the rabbit to destroy itself 'in three minutes,' and the advantages to accrue from that object would be impaired by procrastinating to the extent of a minute or two.

"The moral of the treatise is palpable. Rabbits should indulge in tobacco only in the strictest moderation, and it would even be good judgment in them to abstain from its use altogether. But we will remark here casually, in a spirit of friendly consideration for the editor of the *California Youth's Companion*, that articles written for the instruction of rabbits ought always to be accompanied by the most explicit explanations, because of so inferior an order is their intellectual capacity that they might otherwise fail to understand even the simplest proposition, notwithstanding it contained information of the utmost importance to their well-being." Who does not agree with our friend? *Rabbits* should not use tobacco.

Every one has read or heard of "The Colton Dental Association" of New York? This Association has opened an office in this city, and from all appearances bids fair to become a blessing to our inhabitants. Dr. Colton administers the Nitrous Oxide, or Laughing Gas, as a substitute for Chloroform and Ether, in dental operations. There is nothing people dread so much as pain, and there is no pain so excruciating as that accompanying the extraction of teeth.

Is it justifiable to use a remedy which has undeniably killed its hundreds, when we have an equally efficient one, and *perfectly safe?* This is a question which should force itself upon the attention of every medical man who has occasion to use anæsthetics in Surgery. And yet a majority, perhaps, of surgeons are still risking the lives of their patients with Chloroform, when they have, in Nitrous Oxide Gas, an agent which, beyond a doubt, is harmless to the most delicately constructed constitution, and equally efficacious. Dr. Colton will open an office in St. Louis also.

HENRY J. HOWARD.

Reviews and Notices.

The Physiology of Man: Designed to represent the existing state of physiological science, as applied to the Functions of the Human Body. By AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopy in the Bellevne Hospital Medical College, New York, and in the Long Island College Hospital, etc., etc. Introduction: The Blood; Circulation; Respiration. New York: D. Appleton & Co. 1866.

A number of months ago we announced in this journal a forthcoming work on Physiology, by Prof. Austin Flint, Jr., to be issued in a series of several annual volumes. The book before us, is the first volume of the promised work, and commands our interested and respectful attention.

First of all, that which first commands our notice, before we have time to examine the character of the matter even, is the remarkably beautiful manner in which the publisher has placed this book in the hands of the Profession: very certainly no American medical work of which we have any knowledge will compare with this specimen of printer's art. The paper is of the best quality and tinted; the type is clear, distinct, and of a good readable size. Medical readers will appreciate these excellencies, and feel grateful to the good taste of the Messrs. Appleton.

This volume, as the title indicates, treats of The Blood, The Circulation, Respiration. The entire work will be completed in three additional volumes, one to be issued yearly until the work is finished. The present volume may be regarded as a distinct and completed physiological treatise on the topics embraced, as also will be each succeeding one.

Before considering *The Blood*, our author devotes nearly one hundred pages to Introductory topics, which consists of a careful digest of Proximate Principles, for the most part following the classification of Robin and Verdeil, which Dr. Flint considers can not be improved.

The first three chapters discuss the blood, its characters, its composition, the phenomenon of coagulation, and so on, from which we pass on naturally to the circulation. In a somewhat hasty examination of this part of the work we do not observe anything specially different from the present accepted views of the best physiologists. Dr. B. W. Richardson's theory of coagulability is quite fully expounded, and affords an interesting chapter. In regard to the analysis of the blood, Dr. Flint describes the usual modes which have been resorted to, but points out some serious objections to their accuracy, and proceeds to detail certain suggestions of his own which he thinks less objectionable than those in use. His method consists essentially in the addition of a saturated solution of the sulphate of soda to a portion of defibrinated blood which he considers renders the corpuscles incapable of transmission through the filter.

Several chapters are devoted to an interesting consideration of the circulation; the heart's action; arterial capillary and venous circulation. Chapters Ten to Fourteen treat of Respiration, with its various relations, the changes it produces upon the blood, and its relations to nutrition.

This brief notice by no means does justice to the author in his praiseworthy labor, of producing an American treatise on physiology worthy of a national reputation. But what we have said will serve to call the attention of our readers to its merits, and their time to its perusal. It is somewhat noticeable in this connection, that we have the rare pleasure of calling attention to two important works appearing simultaneously from father and son. The works from their character and the authors from their position "both commanding an unusual degree of professional regard."

For sale by R. W. Carroll & Co. Price $4.50.

Rhinoscopy and Laryngoscopy: Their Value in Practical Medicine. By Friederich Semeleder, Physician in Ordinary to His Majesty, the Emperor of Mexico, etc., etc., etc. Translated from the German by Edward T. Caswell, M.D. With wood cuts and two Chromo Lithographic plates. New York: William Wood & Co. 1866.

Just now the attention of the profession is being very particularly engaged in the study of the laryngoscope and the advantages which it affords in the practical treatment of affections of the air passages. The little volume before us is an excellent contribution to the literature of this subject by one of the pioneer disciples of Czermak. The present book is devoted to a brief *resume* of both Laryngoscopy and Rhinoscopy, being essentially the same character of physical exploration, the one having reference to the laryngeal structures, the other the naso-pharyngeal cavities.

Semeleder introduces his subject with a very brief account of the anatomical arrangement of the naso-laryngeal space, and then gives a satisfactory description of the mode of examination of this region, and the necessary apparatus. Chapter Second describes the mode of examination and catheterization of the Eustachian tube, together with a number of pathological conditions in which Rhinoscopy contributes to the completeness of treatment. In the course of these practical applications a large number of cases are briefly detailed by way of illustration.

The Second Part, after very much the same manner, describes the province of the Laryngeal Mirror—the structure of the larynx—the apparatus and details of laryngoscopic examinations. A very considerable space, nearly one hundred pages, is occupied in the practical applications of the subject.

The book is useful, and students desirous of getting hold of this subject in a brief space, will find Semeleder's little treatise convenient and satisfactory.

For sale by Geo. S. Blanchard & Co. Price $3.25.

Editor's Table.

Fees for Medical Teaching.—In the earliest days of medical schools in America an aggregate of $105 was established as the standard Fees for a Course of Medical Lectures. The leading schools throughout the United States have recognized this standard, and with the exception of about six schools in the interior valley, and three or four East, that is the present rate from Boston to New Orleans. No financial embarrassments or currency inflations have changed or materially modified these fees; the steady advance in professional fees in this country, and the increased prices of all articles of living in the past quarter of a century has not affected these rates; even the vast inflation of prices during the war did not reach an advance in College fees. It is at length proposed to seriously consider the propriety of a material increase of the fees. Boston, New York and Philadelphia will charge an aggregate of $140 for a course of lectures hereafter, and we presume there will be a strong effort on the part of the leading schools of the country to follow an example so strongly established. It happens, unfortunately, that several of the leading Western schools with a few Eastern ones have so radically settled down to fees which are so merely nominal that it will require considerable revision of policy and views to enter harmoniously into an uniform system. At present we are not advised as to the course the Western Schools will pursue.

So far as the Miami Medical College is concerned, we may say, however, that it has directed its Secretary to correspond with other Schools in the West, with a view to determining some proper and uniform policy; and the Dean has been appointed to act for the Faculty in any Conference of Schools which may take place to further this object.

It is manifestly to the interest of medical students that the schools adopt rates of charges for tuition which shall be materially in advance of present fees. Many students appreciate this already. No school, unless an endowed Institution, can adopt a low rate of fees, as a permanent policy, and afford to present such attractions, in the shape of Lecture Rooms, Material for extended and abundant illustration, Cabinets, etc., etc., as go to make up a first class College. No men can afford to give up the necessary time in the mature labors that are implied in medical teaching, unless they are in some way compensated for it. By all means let the schools afford the most complete and thorough instruction, give the needed time and outlay for material: By all means, as the true economy for all concerned, let the schools be paid for their labor.

Rush Medical College, Chicago.—We are informed that the statement in reference to Prof. Brainard, copied into this journal from one of our exchanges, that he had gone to Europe with the expectation of being absent two or three years, is a mistake. He announced his purpose to be home in time for the delivery of his usual course of lectures in the next session of the Rush Medical College. We make the correction with pleasure; and are happy to learn still further, that it is contemplated to erect a new College building, and otherwise increase the college and clinical facilities of the School.

MORE NEW JOURNALS.—Our medical exchanges continue to multiply. We take pleasure in acknowledging the receipt of the following, two of them coming to us as the face of old, familiar friends.

The Savannah Journal of Medicine.—We have received the January number only. Edited by Drs. Harris, Read & Thomas, and is to be issued every alternate month, with 72 pages, at $4.00 per annum. We observe by its editorial announcements, that the Savannah Medical College is reorganized and in regular operation. Amongst its Faculty we recognize the name of Prof. W. M. Charters, in the chair of Chemistry, as an old neighbor and friend. He has our best wishes in his new position.

The Atlanta Medical and Surgical Journal.—No. 1, Vol. VII., March, 1866, is received, Drs. J. G. and W. F. Westmoreland being editors, as heretofore. It has forty-eight pages monthly, and is published at $4.00 per annum.

The Medical Reporter is the title of a new journal to be issued in St. Louis, semi-monthly, at $3.00 a year. It is edited by Drs. Alleyne and Potter. It is neat and has the ring of good material. But whether a second journal is required in St. Louis in addition to the capital *Medical* and *Surgical Journal* is more than we are prepared to judge.

The Galveston Medical Journal is a small monthly, published at Galveston, Texas, by Greensville Dowell, M.D., at $5.00 a year. The present number is chiefly occupied with the Constitution, Laws, Fee-bill, etc., of the Galveston Medical Society, together with papers on Fever and Cholera by the editor. We don't see any great importance in every Medical School in the United States having a journal, and until the Texans are prepared to set up a home journal of more value, we advise them to rally around Dr. Dowler and the *New Orleans Medical Journal.*

Annual Commencements.—The usual commencement occasions have taken place since our last number. Imperfect reports of these have come to hand, from which we make up the following summary, commencing with the schools of our own city; of which first in order of time is

The Cincinnati College of Medicine and Surgery.—The Exercises of this Institution were held on the evening of February 23d ult. The Dean of the Faculty, Prof. B. S. Lawson, delivering the Valedictory Address to the graduates. We have not been able to procure the list, or we should publish the names of the graduates with pleasure. We understand the number was fourteen.

Medical College of Ohio.—The Forty-fifth Annual Commencement was held in the Amphitheatre of the College on Thursday morning, March 1st. The address to the graduates was by Prof. Gobrecht, and was in most excellent taste both as to manner and matter. The following is the list of graduates, sixty-seven in all, being the largest Graduating Class the College has ever sent out:

Joseph Aub, F. A. Avard, E. M. Bagley, C. W. Burket, Andrew M. Cook, J. C. Cadewood, John M. Craig, Albert G. Craig, Samuel T. Cull, John H. Curry, Asa W. Daniels, Isaac S. Earhart, Thomas Eagleson, Gilbert A. Ewing, John F. Ellis, Samuel Ellis, John T. Floyd, Hugh S. Fullerton, J. S. Farris, E. S. Galbraith, Alexander Guthrie, John Gordon, W. J. Hoadley, K. Dubois Hawley, P. F. Harrod, H. M. Hittner, Z. H. Hawser, George W. Hale, Daniel C. Jones, Levi M. Jones, I. N. Jones, James A. Judkins, J. H. Kaighn, A. J. Langford, W. A. Lindsay, M. Meredith, H. R. Moore, Robert McCall, W. McMillan, J. L. Neilson, G. C. Ogden, Samuel Pangburn, John F. Parr, James M. Paul, John Phenninger, D. C. Peters, A. W. Patterson, R. R. Potter, J. D. W. Roberts, J. P. Richardson, George Rowland, W. E. Scoby, Anderson T. Speer, H. G. Steele, Joseph A. Stillwell, J. T. Sweeney, J. D. Staebler, R. R. Tidrick, Richard Taylor, Albert Toon, A. M. Vickroy, H. A. Wilson, T. S. Wise, G. W. Westlake, John P. Woodward, R. W. Woodward, George S. Zugg.

The number of matriculants was 126.

The Miami Medical College.—The exercises connected with the Sixth Annual Commencement of this Medical School were held in the Lower Lecture Room of the College on Thursday evening, March 1st. In the absence of the venerable President of the Board of Trustees—Rt. Rev. Bishop McIlvaine—the degrees were conferred by A. H. McGuffey, Esq., the Vice President, accompanied by some brief extempore remarks which were unusually happy and appropriate. Prof. E. Williams delivered the Valedictory, in which the customary admonitions were clothed in an agreeable mixture of humor and gravity, closing with the following remarks:

"Let me remind you that a man's life consisteth not in the abundance of the things which he possesseth. Seek ye, therefore, above all, the favor of Him in whose hand is the soul of every living thing, and the breath of all mankind. There is another far loftier ladder to be climbed than the ladder of learning. Angels were seen ascending and descending upon it, and the Lord stands above it and invites us up. In behalf of my colleagues, I bid you all a sincere and hearty farewell."

After the regular exercises, the Graduates and Faculty, with a number of guests held an agreeable social reunion and parting at the residence of Prof. W. H. Mussey, thus closing up a very gratifying and successful session, the first of this School since its reorganization. The number of Matriculants was one hundred and fifty-four and the number of graduates twenty-six, and two ad eundem. The following is the graduating class:

Graduates.—P. M. Bigney, Moore's Hill, Ind., Pyæmia; L. M. Bookwalter, Harrison, O., Pneumonia; J. L. Cilley, Cincinnati, O., Dyspepsia; J. H. Carothers, Pacheco, California, Diphtheria; Walter L. Davis, Cincinnati, Ohio, Peritonitis; H. N. Fox, Hillsdale, Mich., Therapeutic Electricity; C. A. Grahn, Springfield, Ohio, Typhoid Fever; Hugh Gilchrist, Oxford, Ohio, Phthisis Pulmonalis; Jesse C. Hancock, Sligo, Kentucky, Acute Peritonitis; S. E. Hampton, Madison, Indiana, Epidemic Cholera; A. D. Hill, Havana, New York, Phthisis Pulmonalis; Columbus Hixon, Leavenworth, Kansas, Placenta Prævia; George E. Long, Alpha, Kentucky, Syphilis; M. W. Larue, Carrsville, Kentucky, Erysipelas; W. R. McAlister, Logansport, Indiana, Spotted Fever; T. E. R. Miller, Frederick Co., Md., Enteric, or Typhoid Fever; A. J. Milla, Dongola, Ill., Hyperro phy; Charles R. Martin, Campbellsburg, Ky., Bilious Remittent Fever; M. S. Pixley, Wheelersburg, Ohio, The Blood; James B

Porter, New Haven, Ohio, The Mission of Medicine; Michael Rooney, Springfield, Ohio, The Physician; Irving Sunman, Versailles, Ind., Typhoid Pneumonia; D. J. Smith, Kecksville, Ind., Diphtheria; J. H. Smith, Blairsville, Penn., Variola; J. J. Tremble, Warren Co., Ohio, Bright's Disease; A. L. Wright, Bellefontaine, Ohio, Measles.

To the Ad Eundem Degree.—Frank M. Agnew, M.D., Makanda, Ill., Dyspepsia, Medical College of Ohio, 1861–62; S. G. Irwin, M.D., Mace, Ind., Mercury, its Action and Uses, Rush Medical College, 1862–3.

Bellevue Hospital Medical College, N. Y.—The fifth Annual Commencement of this School was held on the 24th of February, in the Academy of Music. There were 172 graduates.

Medical Department of the University of New York.—The Annual Commencement was held on the evening of March 2nd. There were 70 graduates.

College of Physicians and Surgeons, N. Y.—This College held its fifty-ninth Annual Commencement on the 9th of March. There were 112 graduates.

Massachusetts Medical College,—Commencement on the 7th of March, granting the Degree to 70 gentlemen which with 25 in July last makes a Graduating Class of 95.

The Rush Medical College of Chicago held its Annual Commencement on the 24th of January ult. The Class of the past session numbered 293. The Degree of M.D. was granted to 90, the Ad Eundem to 4, and 1 Honorary Degree.

The Chicago Medical College held its Commencement on the 1st of March. We understand there were about 100 matriculants, and there were 22 Graduates, 4 Ad Eundem, 5 Honorary.

The St. Louis Medical College held its Commencement on the 1st of March in O'Fallon's Hall. Prof. C. W. Stevens delivered the Valedictory. There were 50 Graduates, and 7 Ad Eundem.

Medical Department, University of Buffalo, held its Commencement February 20th ult., with a Graduating Class of 40.

The University of Pennsylvania had 520 Matriculants, and 160 Graduates.

The Jefferson Medical College had 425 Matriculants, and 165 Graduates.

The Charity Hospital Medical College of Cleveland had 76 Matriculants and 28 Graduates.

E. W. Crowther & Br. Druggists.—These gentlemen are amongst the most reliable druggists of our city. We refer our readers to their card which will be found in our advertising department.

The New Orleans Medical and Surgical Journal.—Dr. Dowler has issued a supplementary Circular in regard to his enterprise, from which we regret to learn that the uncertain postal arrangements throughout the Southern States are for the present a serious obstacle to the successful issue and maintenance of a periodical of that character. We hope these difficulties will be speedily removed.

Cincinnati Academy of Medicine.—At the annual meeting of the Academy on the evening of the first Monday in March, the following officers were elected for the year 1866: President, Dr. Thos. Carroll; Vice President, Drs. Woodward and Vattier; Recording Secretary, Dr. M. B. Graff; Corresponding Secretary, Dr. E. B. Stevens; Treasurer, Dr. Taylor; Librarian Dr. Thornton.

Gossip.—Prof. Hamilton is at work on a new edition of his work on Fractures and Dislocations.——*The Last Number* of the *American Journal of Medical Sciences* has a very excellent review of Trousseau's Clinical Medicine, by Dr. J. C. Reeve, of Dayton, from which we tried to find a space for some very interesting extracts, but could not; We are glad to see that Lindsay & Blakiston announce an American edition as forthcoming.——*A wealthy gentleman* of Boston has placed a sum of money in the hands of an architect for erecting a monument in that city to commemorate the discovery of the anæsthetic properties of Ether.——*The January Number* of the St. Louis Medical Journal sends out to its readers a beautiful photograph of Prof. Pope, which will be very acceptable to the many admirers of that distinguished gentleman.——The death of *Col. John O'Fallon* is announced. He was one of the most public spirited men of St. Louis. Through his munificence was erected the edifice of the St Louis Medical College, and other public and private charities marked his career. He was aged 75.——*Maximillian* has founded a Medical School in Mexico, which requires seven years to complete the course of studies; about two hundred students have been in attendance, but unless the Imperial Dynasty has better fortune than some of its preceding Governments, the founder of both Empire and School will scarcely have the honor of attending its first Commencement Exercises.

Honors to Medical Men.—We have heretofore announced that

Prof. James Y. Simpson, of Edinburg, has been made a Baronet. The Queen of England has further seen fit to bestow the same distinction upon William Ferguson, the eminent Surgeon of London, and Dr. Dominick Corrigan, one of the first physicians of Dublin.

Optical and Philosophical Instruments.—Any of our readers desirous of articles in this line will find a new establishment at No. 134 West Fourth Street, where they will do well to examine especially a fine stock of microscopes.

The Anatomical Drawings of Leonardo da Vinci, it is known, have been amongst the treasures of the Royal Library at Windsor Castle. It is now proposed to reproduce these wonderful drawings in *fac simile* by a process of photo-lithography. The series will consist of about two hundred and fifty plates in folio, with the M.S. text in full, printed in English and French. It will be issued in twenty parts, the publication commencing early in 1866. Each part will be sold at one guinea. Subscriptions in this country to this rare work, will be received by J. B. Lippincott & Co., Philadelphia.

Summer School of Medicine.—This organization is now at work in its regular course of instruction, and we are gratified to announce that a fine and attentive class is in attendance.

American Medical Association ; Prizes for 1866 ; Two of $100 each.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, 257 Fourth Avenue, New York City on or before April 15, 1865.

II. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

Obituaries.—Died, in Cincinnati, Feb. 27th, 1866, of Typhoid Pneumonia, Mrs. Maria B. Almy, wife of Dr. S. O. Almy.

Died, in Cincinnati, March 3d; Mrs. Adeline F. Wiley, wife of Rev. I. W. Wiley, M.D, editor of the *Ladies' Repository*.

Died, recently, in Edinburgh, Scotland, Dr. James Simpson, son of Prof. James Y. Simpson, a young physician of great promise.

Editorial Abstracts and Selections.

Prepared by W. B. Fletcher, M.D., Indianapolis, Ind.

SURGICAL.

1. *Fracture of the Spine.*—The following case shows the obscure symptoms which sometimes follow fractures of the body of a vertebra, when the displacement is so small as to cause no deformity. In the lifetime of the patient there was supposed to be some injury to the medulla. Careful examination of the back detected no fracture or deformity.

A man aged 44, was admitted on the 8th of Aug., he had fallen from a three story house, feet downward. He had the usual symptoms of injury to the brain or cord. He died on the 20th.

Post Mortem Examination.—In the chest firm adhesions of both pleura. Liver presented appearances of recent inflammation. Spleen and kidneys congested. Upon removing the abdominal viscera, an abcess was detected on each side of the spinal column, opposite the eleventh and twelfth dorsal vertebra, the twelfth dorsal vertebra was found fractured transversely through the entire thickness of its body, and the fragments very slightly, if at all displaced. The fracture only implicated the body of the vertebra

The membranes of the spinal cord were found matted together by effused lymph, for more than an inch above and below the seat of fracture.—*London Lancet.*

2. *Tumor of the Testis, Containing Fœtal Remains.*—Dr. Van Buren reports a case in which he removed a tumor from the scrotum of a child two years old. Having laid open the mass he found in the centre a bony substance, which upon examination proved to be a fœtal lower jaw bone, in which was four teeth slightly altered from their normal shape, but distinctly recognisable as two incisions, one canine, and the other molar. Both tooth and bone were examined, microscopically, the former showing enamel prisms, and the latter the lacunæ and canaliculi of true bone. Serous membrane, and connective tissue consolidated by inflammation, was also found in the tumor.

This is the eleventh case now on record of this most curious malformation, or monstrosity.

One case however is on record in which the congenital character of the tumor is not made out. " A young man of quality after sexual excitement, felt severe pain in his right testicle, this subsided, and he thought no more of it, till in a few weeks he noticed an enlargement which progressed till the size of a fœtal head of six months, which was then removed and found to contain the somewhat altered remains of a fœtal cranium.

OBSTETRICAL.

3. *A Case of Double Uterus and Vagina*, By Dr. Rabe.—A healthy woman, aged 20, was admitted in May, 1865, into the Town Hospital of Dresden, for blennorrhœa and excoriations of the vulva. She had menstruated since sixteen. The external genitals were normal, but the hymen was wanting. The vagina was double, the lower end of each end being provided with a hymen-like fold of mucous membrane. In the summit of each vagina was a small firm vaginal portion of uterus, each possessing a small transverse os. The uterine sound passed freely into the left os uteri, but only slightly into the right, so that it remained doubtful whether the body of the uterus had two distinct cavities.—*Monatsschrift fur Geburtskunde*, Oct., '65.

4. *Transfusion in a Puerperal Woman exhausted by Flooding.*—A woman, aged 40, had flooding from placenta prævia. The colpeurynter was used, and she was delivered on the following day. More blood was lost during and after labor. She was extremely exhausted and anemic; had freqnent faintings. Simon Thomas injected two ounces of blood drawn from the husband, when the rest began to congeal. Two hours later the feet got warm, the pulse returned. She rallied more and more and gradually recovered completely. The apparatus used was that of Martin.—Simon Thomas in *Vederlandsch, Tydschr. von Geneesekunde*, 1865.

5. *On Puerperal Embolism*—By W. F. Wade. M.D.—The author, after reviewing the views on embolism set forth by Virchow, details the case of a woman, aged 24, who, some days after delivery, became affected with dyspnœa and a sense of impending death. The left thigh and leg were swolien and white. After examination, physical and general, a clot in the pulmonary artery was diagnosed. The patient died after lingering ten days in the same condition. After death, the pulmonary artery was found occupied from its commencement to the third or fourth division by a very dense, firm, whitish clot, similar to that which lines an old aneurysmal sac. This was adherent to the artery all round, and when peeled off left the lining membrane pale, and to all appearance, perfectly healthy. The coagulum was perforated by a small, irregular, tortuous channel. Isolated patches of pneumonia existed, and both were inflamed and contained clots.

Condensed Mortality Statistics of Cincinnati:

From the organization of the Board of Health, Nov. 1st, 1865, to March 1st, inclusive

DISEASES.	Nov. '65.	Dec. '65.	Jan. '66	Feb. '66	Total.
Consumption....	24	32	47	44	147
Pneumonia......	10	20	34	32	96
Pleuritis........			2		2
Hemorrhage from the Lungs....	2	1	3		6
Croup..........	8	19	16	11	54
Diphtheria......	8	15	15	19	57
Bronchitis......	1	4	4	4	13
Laryngitis......		2		2	4
Hydrothorax....			1		1
Asphyxia.......	2	1			3
Measles	5	12	20	31	68
Scarlatina		4	2	3	9
Smallpox.......	3	5	5	8	21
Chicken Pox....		1			1
Erysipelas......	1	2	3		6
Typhoid Fever..	5	12	15	16	48
Remittent Fever.	2	5			7
Congestive Chills			1		1
Infl'n of the Brain	8	16	14	17	55
Sof'g of the Brain		1	2	2	5
Hydrocephalus ..	2		1	2	5
Paralysis.......		2	5	2	9
Convulsions.....	3	6	11	16	36
Apoplexy.......		2			2
Epilepsy		1	5	2	8
Spinal Irritation.	1	1	1	1	4
Delirium Tremens		1		1	2
Collapse.........		1			1
Diarrhœa, Acute.		2	5	2	9
Diarrhea Chronic		2	6	4	12
Dysentery		4	5	1	10
Hemorrhage from the Bowels....			1		1
Dyspepsia......			1		
Infl'n of the Liver	3		6	6	15

DISEASES.	Nov. '65.	Dec. '65	Jan. '66	Feb. '66	Total.
Inflammation of the Bowels.		3	2	4	9
Jaundice	1				1
Bilious Colic.....		1			1
Dropsy	4	5		6	15
Peritonitis.......	1				1
Marasmus		2	2	2	7
Premature Birth	5	16	20	7	48
Child Birth.....	4	1		1	6
Puerperal Fever		1	1		2
Puerperal Uremia			1		1
Puerperal Convulsions......			1		1
Uterine Hemorr'e		1	1		2
Tumor, Ovarian.		1		1	2
Cancer		1	1		2
Abscess........			1	1	2
Scrofula........				2	2
Hip Joint Disease		1	1	1	3
Intemperance....		3	2	2	7
Exposure....... ..	1	1			4
Suppressi'n of Urine.........				1	1
Disease of the Kidneys		1			1
Disease of the Heart........		5	4	6	15
Grief...............			1		1
Rheumatic Gout		1			1
Recto-Vaginal Fistula.......		1			1
Casualty	2	12	10	8	32
Unknown.......		12	10	6	28
Cholera Morbus.			1		1
Cholera Infantum			1		1
Old Age...........	8	2	12	8	30

WM. CLENDENIN, M.D., Health Officer.

Business Notices and Acknowledgments.

H. P. Throop is General Traveling Agent for the *Lancet and Observer*.

Dr. S. B. Conover, of Trenton, N. J., is our authorized agent.

Advertisements.

The present number contains a number of new advertising cards, to which we invite the attention of our readers:

CONTENTS OF ADVERTISER.

DRUGS, ETC.

W. J. M. Gordon & Bro.
John Keeshan.
W. E. Crowther & Bro.
H. H. Hill.
Carret & Langenbeck.

BOOKS.

R. W. Carroll & Co.
Robert Clarke & Co.
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TRUSSES, ETC.

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EYE SURGERY.

E. Williams.
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ENGRAVERS.

Stillman & Co.
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DENTIST.

A. S. Davidson.

MISCELLANEOUS.

McMunn's Elixir of Opium.
F. A. Richard, Pharmaceutic Granules.
Desirable Locations.
New York Medical Journal
Philadelphia Reporter.
Berkshire Medical College.
Wheeler & Wilson's Sewing Machine.
Clifton House.
Lamb Knitting Machine.

Wines and Liquors.—Brachman & Co.

Ice Cream Rooms.—James Ransley.

New Books.

Flint—Principles and Practice of Medicine. From Henry C. Lea, Publisher.

Roberts—Urinary and Renal Diseases. By the same Publisher.

Annual Report of the Surgeon-General of the United States Army for 1865.

Annual Report of the Surgeon-General of Ohio for the year 1865. (From the Author.)

Fourteenth Annual Report of the Surgeon of the New York Ophthalmic Hospital, for the year 1865. (From Hon. A. Y. Stewart, General Assembly of New York.)

Sixth Report of Longview Asylum, 1865. From Dr. O. M. Langdon, Superintendent.

Eleventh Report of Southern Ohio Lunatic Asylum, 1865. From Hon. Wm. Stanton.

Second Report of West Virginia Hospital for the Insane, R. Hills, M.D., Superintendent.

An Essay on the Law of Muscular Motion.—By Louis Mackall, M.D.
On the Life in Nature " " " "
On Physical Force, " " " "
(All from the Author.)

Catalogue of the Officers and Students of the University of Michigan, 1866.

LITERARY PERIODICALS.

The magazines for April are already promptly on our table.

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THE
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CONDUCTED BY
E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

Observations on Some of the Prominent Traits of Cholera.

BY T. WRIGHT, M.D., BELLEFONTAINE, O.

To compare observations, and trace deductions on difficult subjects of importance, is the part of wisdom. No other subject absorbs the attention of the world at this moment as Cholera. Every careful observation of that disease deserves to be recorded. Nothing that is true concerning Cholera is insignificant. Out of the infinite multitude of facts and hints afforded by numberless spectators of Cholera, must germinate and grow knowlege, the fruits of which will prove essential to the lives of men, and the prosperity of the race.

Cholera is originally of Asia; beyond Arabia in India. Its predisposing causes are not native to that quarter of the globe, nor to any region of the world. For if they were, the same causes would, long before the advent of Cholera, have produced the same effects. Cholera would not have been a disease of modern times only. The exciting causes of Cholera, however, are indigenous to India, for the disease first broke out there.

What is its predisposing cause? We know that whatever it may be, it is universal; affecting the whole earth, and becoming active in different degrees and times, as exciting influences are more or less favorable. The exciting causes of

Cholera are tolerably well defined, and yet it is impossible to say how slight an event, or how trifling a circumstance is capable of exciting a development of the disease in numberless instances where the predisposition is strong.

Predisposing causes of many diseases being beyond the reach of the senses, can not be described by language; because language is but a vehicle of thought which is, itself, born of sensation. But the effects of indescribable agencies often are sensible, and enable us to determine the laws, and even the sources of the most mysterious causes.

Cholera presents a certain regularity in the times of its advent. It is universally the same in its effects upon the human being. Its attacks may be guided, and its course controlled or modified in its march upon the earth by the different efficiency of exciting causes; but its actual course as a malady when the assault is made, is so universally the same, in all conditions of life; in all climates and seasons; upon all races, and constitutions, and ages; under all varieties of hygienic influences; in high altitudes, and low valleys; in all the varying circumstances of electrical, barometrical and hygrometrical conditions; in wind or calm; on land or sea, is so essentially a unit, that its predisposing cause must be confessed to be dominant, and controlling in every case. The exciting causes seem absolutely to have nothing to do with the case once established, scarcely even affecting its violence, never modifying its absolute characteristics.

These facts at once suggest that the predisposing cause of Cholera is not found upon, nor within the earth; but that it must be a deadly taint or impregnation received by our atmosphere from some source in space. That is, our earth in its annual revolutions around the sun, at certain periods strikes and crosses the path of some planet, or other celestial body, which leaves in space some influence, imperceptible to the senses, but baleful to the health and life of mankind. Even the superstitions of man have foundation on realities. The events of war, pestilence and famine, as associated with remarkable celestial phenomena, are not quite contemptible when rationally considered.

The sensible seat of Cholera is in the lining membranes of the stomach and bowels. But how is it that the system supplies the enormous quantity of liquid material to the intestinal exhalants? The truth is, that the actual seat of Cholera must be in the capillary system universally. The natural attraction of that system for the blood must be not only suspended; but instead of the constant affinity existing between the blood and solids, resulting in health in the molecular changes of reproduction and decay, Cholera, either through morbid impressions upon the ultimate nervous fibrillæ, or through changes in the blood itself, or through both, induces a state of positive and energetic repulsion between the solids and liquids throughout the entire structure. The effect is, the sudden and spontaneous elimination by the nearest outlet from the body of all those liquids that are sufficiently attenuated to be susceptible of rapid egress. The fluids reverse violently their natural course of progression; not by reason of attraction or disease, or any special condition of the bowels, (other than the universal state of the capillary vessels in all parts,) but by repulsion from the general capillary, or peripheral, or ulterior tissues.

The violence of the morbid activity in Cholera induces certain concomitant functional and structural changes that have no necessary relation to the original nature of the malady. Amongst these conditions is the separation of the epithelial lining of the bowels. This seems to be the mechanical effect of the great and general pressure of the liquid portions of the blood and tissues, upon the intestinal lining membrane and exhalants. This pressure separates the epithelial membrane, and raises it up in the form of blisters, from the body of the intestine. Shreds of epithelium are frequently observed in the evacuations; and the entire bowels, or at least the smaller intestines, are often completely denuded. There is not a scintilla of evidence of anything like inflammatory action. Indeed, all the known elements of inflammation are such as to warrant the conviction that inflammatory action, in an acute form, is antagonistic to the occurrence of the Cholera exudation.

Cramp is another pretty constant concomitant of Cholera, and yet one that is not an element in the disease abstractly considered. It is a link in the chain of the effects of Cholera, although it may be induced by causes of widely different origin and nature. Much has been written of the Cholera cramp; and sometimes it would appear very trifling opinions have been advanced on that subject. Black blood, stagnant or very slowly and imperfectly circulating in the capillary system, before irritability and sensibility are extinct will, as a rule, produce cramping of the muscles. Of course this condition must be attended with a suspension of muscular nutrition, and also with a morbid impression on the ultimate nervous fibril. Cramping is often seen in slowly returning animation after submersion in water, but here the fluidity of the blood, by favoring the returning circulation, obviates usually any great excess of the painful symptoms; while in the departing animation of Cholera, the viscid state of the circulating medium necessarily intensifies the cramps. The blood is not only rendered thick, black and sluggish, in Cholera, by reason of the sudden and great evacuations, but it is more poisonous than simple evacuation of its more fluid portions would occasion, in consequence of the imperfect performance of the functions of respiration This depends upon the implication of the lungs themselves in the general Cholera disease. Although the inspiration and expiration may be sufficient, it is plain to see that the vital changes upon the blood are imperfectly performed. And nothing else could be expected, when it is remembered that the lungs are undergoing the same rapid drainage that is progressing in all the other structures of the body.

It has been the opinion of some that Cholera is caused in some degree by an inactive and insensible liver. So far as simple Cholera is concerned, there is sufficient evidence that the liver acts normally up to the moment of the advent of the disease. It can, therefore, have no influence in the causation of Cholera. But it is true that an attack of Cholera suspends the activity of that organ by implicating it, in common with the rest of the structure, in the universal disease. The best way to make the liver act is to cure the Cholera; and it can not be brought to resume its functions until the Cholera abates.

Another concomitant of Cholera is cerebral oppression. This has been too hastily attributed to treatment; especially to the use of opiates. A consideration of the unnaturally dry state of the cerebral substance, in common with the structure at large, and especially of the pressure upon the brain by enormous quantities of black blood in its larger vessels, together with the known effect of black blood circulating in the cephalic capillaries, points to the true source of head oppression in Cholera, and during convalescence. No doubt opiates might be, and have been used in excess in the treatment of this disease. But the danger from opiate treatment is greatly exaggerated. It is difficult to procure therapeutic influences of any kind when the system is so terribly dominated by morbid power as it is in Cholera.

Before speaking of the principles of treatment it will be proper to touch lightly on two other points. An attempt has lately been made to show that fear is not an exciting cause of Cholera; but that by suggesting a proper attention to regimen it is, indirectly, conservative of life. A more ignorant remark it would be difficult to make. It is a principle beyond cavil that there is a certain amount of nervous energy natural to each personal organization, developed in health within certain periods, no more and no less. When the mind is not active, the rule is, that such energy is diverted to the nourishment and preservation of the body, or organism peculiarly. When the mind, on the contrary, is active from any cause, a quantity of this energy is exhausted in mental labor, and the organizing processes are deprived of it in a corresponding degree. Again, certain excesses, as of smoking, have often a very marked effect in absolutely depressing or destroying this energy to such an extent that mind and body both suffer. Now, fear is an emotional state; and constant and great fear is an emotion that must depress the intellectual and physical energies in a proportion exactly commensurate with its intensity and duration; in the ratio of its momentum, so to speak.

Fear acts upon the sympathetic system with peculiar force, as all emotions, indeed, do act. It depresses the ulterior nutritive functions in such a manner as to be peculiarly adapted to leave the capillary system at the mercy of the predisposition to Cholera; and to the consequent capillary repulsion between the liquids and solids described as constituting the essence of that disease. The vulgar opinion respecting the effects of fear in Cholera seasons is founded on actual observation, and it is fully sustained by physiological principles.

Another preliminary topic worthy of mention is the uniform ratio of mortality in the number actually attacked by Cholera. Sanitary measures may prevent the development of the disease in many places; they may even limit the number of cases in a locality affected. But statistics show that under all circumstances, there is a uniform ratio of mortality attending those who become attacked by Cholera, whether the number be many, or few. Hence it is said sanitary measures are useful, but drugs are of no avail. This does not follow Remedial measures are always employed; and they are always directed to the mitigation of the prominent symptoms. It can not be shown that a greater ratio of mortality would not appear if remedial measures were abandoned. The constant ratio of mortality does show that as yet, there is a certain proportion of Cholera cases not curable by any known plan of medication; but that militates not against the necessity and efficacy of a rational system of medication in those cases that do recover. Statistics show that there is a certain constant ratio of murder; a certain ratio of burglary; of rape; in short, of moral obliquity in any special form that may be mentioned with respect to population, in equal periods of time. Does this prove that legal enactments are useless; and that religious and moral influences are of no avail? Does any one pretend that this ratio in crime would not be increased, were these restraints withdrawn? It is the aim of science to diminish the ratio of mortality in diseases; it can not extinguish it. So it is the object of civilized progression, of law, and religion, to diminish the ratio of crime; although while humanity is frail, and the devil lives, they will not pretend to extinguish that.

Derived from the foregoing discussion in connection with the evident symptoms of Cholera, (which symptoms are omitted in this paper, as they are familiar to every one) are the indications, or more properly, principles of treatment. The treatment is divided into regimen and medication. There is more difference of opinion respecting the details of the former than of the latter.

One of the most distressing incidents to Cholera is thirst. It should be borne in mind that the thirst of Cholera is like hunger; it is a demand of the universal system, and not a demand of the stomach. It follows that no measure of relief can prove effectual unless it supplies with moisture the desiccated structure at large. Some have said small quantities of water should be given to supply moisture to the dried vessels and tissues. But while the rush of all the liquid portions of the structure is outward, no water taken into the stomach can be absorbed. In fact the stomach and bowels are already deluged with liquid matter. Any quantity of drink, great or small, given with the intention of moistening the tissues while the attack of Cholera continues, must fail of the effect desired. When the Cholera is subdued, drinks will be absorbed, and not till then. Undoubtedly, small quantities of drink should be frequently administered, not to diminish thirst, that is never accomplished; but only to minister to the mental relief of the patient by feeding his hope and satisfying, at brief periods, his imagination. Drinks in large quantities, by their weight and bulk, promote vomiting in Cholera, and also tend to increase the evacuations from the bowels. They also, if retained, dilute and attenuate, and dissipate the power of remedies.

What about ice? It should not be given merely to alleviate thirst in any disease whatever. In certain local inflammations, ice is an excellent application. Here it is the low temperaature, and not the water in ice that renders it beneficial. Ice, by the reaction that takes place immediately after its melting, or withdrawal, always increases thirst. Any one who attempts to reduce thirst with ice, will find the craving for it increase, instead of diminish, until the appetite for ice becomes uncontrollable and ravenous. Nothing is more common than to hear how unconquerable has been the thirst in a given case, notwithstanding the patient ate ice incessantly. This is an important point; because there seems to be mistaken ideas afloat on the subject of ice as a remedy for thirst. It is good to reduce the general temperature in fevers and inflammations; but it will not extinguish or moderate thirst. But it will create thirst where there is none; and increase and intensify thirst where it already exists; and in Cholera it will too rapidly cool the already chilly blood. The most intense thirst known out of the Desert of Sahara, with its hot, drying winds, is the thirst of the Arctic regions with their cold, drying winds. But the Arctic wanderer is very careful not to eat snow. He knows it would only increase his distressing thirst.

Quiescence is necessary to the best results in the treatment of Cholera. Restlessness, throwing the body and limbs about presses inward toward the bowels waves of choleratic fluid. Even excessive rubbing, although greatly practiced, must conduce to the same effect, emptying the body of its liquids, pressing out, so to speak, still more, the sponge.

While there is cramping, there is still considerable nervous power and sensibity, and of course there is, ordinarily, some hope. But if the cramp abates gradually, and the patient is not manifestly improving in pulse, and in his evacuations, the case is hopeless. Cramp, in itself is, of course, not beneficent; but it is, to some degree an index of sensibility and irritability. It is better in order to obtain the effects of quiescence, to control the cramp as much as possible. For this purpose one of the best means is to keep the limbs extended by force as much as possible, by pressing upon the joints. Various external applications are recommended for the same purpose; varying from high heat to the salt and snow treatment of the Russians. It is evident that all the applications to the surface of Cholera patients should be adapted to produce powerful impressions upon the capillary system, and the extremities of the nervous system. They should, in short, be adapted to produce through the intervention of the nervous system, an ression upon the tonicity of the walls of the capillary em of vessels. There is much dispute about the best of external application; into which it is not necessary nter. For every well informed physician will instinctively r the application of some remedy which has, in his ion, the best chance of producing the very impression ribed. Here extremes meet; and it is not doubtful that are good; it is only doubtful if either is the better in y case. But it must be kept in mind, that applications iring the greatest amount of friction are the worst. tures around the limbs are beneficial in severe cramps of extremities. And it would seem that one or more extrem-, if ligated in an early period of the disease, might be e a reservoir of liquid blood, to supply the sinking system time to time, with moisture that could never be obtained bsorption, or indeed in any other feasible way.

isters possess some properties worthy of confidence in treatment of Cholera. Fly blisters are those from which beneficial results have been obtained. It is doubtful if nere counter-irritation is of much benefit; and the time ired to obtain the operation of the cantharides renders n useless in many cases. But the absorption of the fly t exert a stimulating effect upon the blood and nerves in capillaries. This will prove beneficial in restoring the llary circulation, and thus prove efficacious in curing the se. This effect of cantharides can not be obtained by its nal administration from the fact, that absorption can not place from the stomach and bowels while the drain of lera is going on. The results of the external application antharides are the only instances where medicines enter- the blood through the absorbent system have become icable to the treatment of Cholera. It is imperative, in r to obtain the beneficial effects of cantharides in Cholera they shall be applied to the skin.

e fact that there is in Cholera no internal absorption, ers medication in that disease rather limited in its range. icines that act upon the system exclusively through ner- impressions, are the only ones that can be administered with any prospect of relief. There is no special prescription that can be sustained as the only one, or even the best of all, for Cholera. But however great the number of articles are that may be beneficially prescribed for Cholera, they must be of a kind that operates in accordance with the principles just stated.

To illustrate, and without insisting upon any special remedy or combination as better than all others, let us examine the principles involved in making a single prescription that has, (amongst a multitude of others as good) proven very satisfactory in a great number of cases.

1st. *Capsicum.*—To support the heart's action without oppressing the brain, and to arouse the nervous sensibilities to the influence of concomitant remedies.

2nd. *Sugar of Lead.*—Incomparably the most trustworthy and prompt of all our astringents; to constringe, by acting through nervous energy the entire system, affecting and arousing the feeble and dying tonicity of all the fibres and capillaries of the body.

3rd. *Opium.*—To soothe nervous irritability, stop vomiting and dry up exhalation.

4th. *Calomel.*—To act upon the capillary system as an alterant, and to obtain its effect as a powerful anti-emetic.

These medicines combined represent fairly the kind of remedies most useful in Cholera. Sedatives, antispasmodics, stimulants, astringents. It matters not a great deal what the particular medicine is, provided it operates promptly and powerfully upon the nervous system. This includes all the known good remedies, such as camphor and nux vomica; and infers the utility of many others not yet fully tried. In Cholera the patient should be kept with the head low to obviate vomiting; and an attendant should keep the hand gently pressed upon the forehead much of the time. It has a soothing influence upon the patient, and assists him to resist the inclination to frequently change his position. The patient should be exhorted to resist the inclination to stool until the latest possible moment. It should be remembered tha the natural instinct of a Cholera patient is to favor every evacuation under the impression that it will relieve his unpleasant sensations. This instinct should be resisted to the utmost.

The principle of repeating doses of medicine in Cholera is apparently somewhat loosely described. The true doctrine is to repeat the medicine immediately, when the stomach rejects it. In this way either a dose of medicine will finally stay down with some prospect of doing good, or if not, a continuous repetition of medicine will gradually bring the system, to some extent, under therapeutic influences, by the very pertinacity which manages to keep, even for short and broken periods of time, the proper remedies for Cholera, in contact with the stomach. When considerable intervals are allowed between doses of medicine that are rejected, the patient being in effect without help, sinks apace. As one or another of the constituents of a prescription begin to exhibit special effects, it may be withdrawn, and the other constituents continued alone, or new combinations made. This is particularly important with respect to calomel and opium. No direct rule can be laid down on this point. The circumstances present must be the guide.

When a patient is sinking rapidly with Cholera, after a full meal, it sometimes happens that the stomach is unable to reject its contents. Medicines will be of no avail in this case. An emetic is too slow and is quite uncertain. The best way is to tickle the fauces with the feather end of a quill; and if necessary, thrust it down the throat until vomiting is obtained. There is then some chance for medicines to act against the disease.

I have entered into no discussion respecting the spread of Cholera. It is certain that if Cholera is of celestial origin it first infects the outer strata of our atmosphere; and it is certain also (in that event) that it would spread and travel in obedience to currents of air different from the surface currents of the earth; that it would, in short, descend and impinge upon the surface of the earth, often in localities that would *look* as though it travelled against the wind, while in reality it was traveling with the wind, but not in every case, upon the surface of the earth, and along with the lower wind.

currents. The constant and rapid reaction between air and water seem to peculiarly affect the condition of rivers in Cholera seasons, as is evinced by the destruction of fishes that is observed in streams traversing Cholera districts.

A multitude of hypotheses respecting the action of Cholera upon the lower animals and even positively plants, might be indulged in. But as there has been too much of that kind of literature published already, it is best to forbear.

ARTICLE II.

Do Bodies Possess Various Degrees of Power to Conduct Electricity?

BY C. B. CHAPMAN, M.D.,

Professor of Chemistry, etc., in the Miami Medical College of Cincinnati.

AN incident or an accident seems to have furnished a reply to this question. Some years ago, while arranging an electric battery with reference to use in demonstrations in the class room, after separately charging the jars, and then placing them in relation in order to determine whether their connections were complete, a half sheet of cap paper was accidentally, (or without design as to result) brought near the battery, when it was attracted to one of the jars, to which it remained fixed for a short period, one extremity being in relation with the foil coating, and the other to the ball above the jar, after having bent over by attraction to this point. The positive and negative poles being thus connected through the medium of the paper, a slight rustling sound like a gentle breeze blowing over and agitating the paper was apparent, which gradually diminished and the paper fell off. The experiment was several times repeated, and the paper would drop from the jar, at intervals of two to three minutes.

How is the presence of Electricity Recognized?—The presence or existence of electricity is recognized through the agency of conductors. A body may be intensely charged with electricity while the fact may never become apparent unless it is brought into relation with a conductor of peculiar form, and is not pointed. There is no change in the position of an electrified feather, or peth ball, until its relation to some conductor has been altered.

Bodies bear one of two relations to Electricity. They are *conductors* or *non-conductors*, or have a relation referred to as *positive* and *negative* electricity. Animal and vegetable substances, metals, water and humid atmosphere are *conductors*; while vitreous bodies, amber, resins, wax and sulphur are *non-conductors*.

A body which has been brought under the electric influence of glass will be repelled by glass, but will be attracted by sulphur; and one which has been charged by sulphur will be repelled by sulphur but attracted by glass. The rule is found to be that like repels like, and that unlike attracts. This has led some to regard the one as positive and the other as negative electricity.

It is through the manifestations of such influences, which have been observed relative to certain relations of these two kinds of bodies that we have acquired what information we possess relative to electricity.

The two kinds of bodies, conductors and non-conductors, are readily recognized and classified. No intermediate property of substances has, so far as I know, been described or referred to. That such modified or limited power to conduct electricity does exist is, I believe, demonstrated by the simple method above described.

Since the incident here referred to, I have sometimes charged a jar and placed a half sheet of paper in the position described, and passed it from hand to hand through a class, during which the rustling sound was distinctly heard, and continued long enough for its proper demonstration. After the paper has fallen off, the application of the discharging rod will secure a feeble spark. This seems to furnish additional proof that while paper possesses the faculty of conducting electricity, it is not capable of conducting it with nearly the same energy as those substances which have been regarded as conductors.

Original Communications.

ARTICLE III.

Treatment of Cholera:

BY ALEX. MCBRIDE, M.D., BEREA, OHIO.

THE cure of Cholera is my theme; its cause, and whether it be contagious or not, I leave to the investigations of others. The nature of the disease, however, must be briefly considered, or its proximate cause, in order to make the proposed method of cure, rational.

Post-mortem examinations have constantly revealed one thing, congestion, and nothing else with any regularity; congestion of the nerve centres; venous engorgement of organs and of the intestines, precisely what would be predicted from the coldness and spasms manifested before death. Congestion of the bowels has not been found a constant condition after death, and no doubt for the sufficient reason that this is relieved by evacuation of serum nearly as fast as found. The symptoms before death, more clearly than appearances after, point out congestion or loss of tone of the veins and capillaries of the bowels as the objective point, as the proximate cause. In fact, when we consider the large amount of fluids abstracted from the circulation, through the capillaries of the bowels, in a short space of time, we are forced to admit that the condition of those parts must be engorgement constantly relieving itself by evacuation. The post-mortem condition of the bowels and other organs in those cases where death is said to have taken place without evacuation, has never been published to my knowledge.

I by no means propose to decide as to the nature of the remote cause, and the parts of the organism upon which it first operates, but merely the pathological condition which we have to write. I conclude, then, that the condition of the veins and capillaries of the bowels is that of congestion, or at least these vessels are in an atonic condition rapidly receiving and discharging the liquid constituents of the blood.

In 1849, Dr. Hawthorne published an essay upon the treatment of Cholera, which was very ingenious. According to him, the fainting and collapse were due to the volume of blood being so rapidly diminished that the arterial coats could not contract equably upon their contents, and hence congestions of the nerve centres from loss of equilibrium. He proposed to remedy the difficulty by opium to contract the arteries, camphor and the like internally, and dry heat externally to invite action to the surface, to counteract thereby the efflux from the bowels, and the introduction as fast as possible of hot drinks to refill the depleted vessels. Now this was a very plausible method, and no doubt very practical in a certain stage of the disease; in fact, it was very successfully practiced by myself and others in the early part of the disease, but the large amount of opium recommended by him was certainly ill adapted to that stage of the disease where congestions are established elsewhere than in the bowels. Large doses of opium are certainly no remedy for congestion of the nerve centres or of the lungs or liver, and probably not for an advanced stage of that condition of the bowels.

The problem is: *To restore the lost tone, and diminish the increased calibre of the veins and capillaries of the abdominal viscera of the bowels chiefly.*

Have we an article of medicine that will nearly always, under the most desperate circumstances, give activity, infuse new life into the capillaries of a part laboring under passive congestion, or in the state of relieving congestion by exhaustive discharge? We have such a remedy. Neither quinine nor opium can be relied on to accomplish this. Quinine cures ague by maintaining such vascular tone that congestion can not take place; opium cures in nearly the same way, but give either of these remedies when congestion (in the chill), is at its height, and you risk the life of the patient, for the congestion is liable to be increased by their action. The same bad effect of these medicines may be observed in certain stages of typhoid pneumonia, or as it should be called, congestive pneumonia. At a certain stage of this disease, quinine will disperse the accumulated blood like a charm; at a later period, the difficulty seems to be increased by it, and the effect of opium is worse still. Now it appears to me that quinine operates by giving tone to the vascular system, the arteries and capillaries chiefly, and this it will do in certain conditions of the system; but when the capillaries of an organ or part have become paralyzed or nearly so by extreme engorgement they are no longer obedient to its action, but the larger trunks, not paralyzed, being still obedient to the stimulus, force more blood into the engorged part, thus increasing the difficulty. The same is true of opium, with this difference that it adds to its bad effect a sedative action upon the par vagum and other nerves. I think alcoholic stimuli act similarly, as also some .others. Any one who has heroically given and carefully watched the effects of these remedies in a great variety of diseases must agree with this view.*

Now I think if we treat Cholera for what it is, and not for its name clothed in terror, we will have to call to aid no new principle; we have congestion to treat, or if not this in the beginning or during the exhaustive stage, we have certainly a condition of the capillaries of the bowels so closely allied to it that there is no pathological distinction in the vessels themselves, they have lost more or less their contractility.

I now ask for a suspension of the reader's judgment for a few moments, and beg that he will not condemn till he has carefully read and thoroughly considered what I am about to say. Those who have read some of my former articles and especially that which appeared in the July, 1861, number of the *Lancet and Observer*, will hardly be surprised when I say that the remedy to which I look for more benefit than any other in Cholera is *Cantharides.* This will always act promptly and speedily upon the capillaries, even when nearly all the functions and powers of the body have failed; and the difference is not always important whether it is taken internally or applied externally. Cantharides is an old remedy, but what I claim to offer as new is the application of it and the quantity that may be given to benefit.

Before proceeding to repeat some of my observations in the article above referred to, I wish to give prominence to the statement of Dr. Richardson, made in the Cincinnati Academy of Medicine, as reported in the January number of the *Lancet and Observer*. His statements are of vast importance, and I have no doubt are entirely true. He says he has "great faith in a large fly blister over the whole abdomen." He thinks he was the first to adopt this practice in 1850, and used it satisfactorily for nearly two years. (He is mistaken as to priority, for it was an old remedy for common Cholera, and was used in Asiatic Cholera as long ago as 1831.—Vide Cyclopedia of Practical Medicine, pp. 401 and 422.) He "never knew but one case to die when vessication was produced before collapse." Now the experience of the writer in the Cyclopedia who practiced in Sunderland in 1831 and 1832, was almost identical with this. The coincidence is noteworthy. But to me the most interesting part of Dr. R.'s remarks is when he almost made an important discovery, the same which I made about two years later. He says, "I do not believe that mere vessication effects a cure," for he endeavored to obtain the same result by vessicating with ammonia, chloroform and the like, but with no good result. He then says, "My theory, and every man is entitled to his own theory, is that the cantharides is absorbed and acts as a persistent stimulant." In this last opinion the Doctor is entirely correct and the only wonder is that it did not occur to him to administer the remedy internally.

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* I urge no opinion as to whether these medicines act through the *nerves* or stimulate the vessels directly, it amounts to the same.

Now observe the almost identity of my observations quoted below from the *Lancet* of 1862. I was treating the congestions which occurred in typho-malarial fever, but the principle involved is the same. "In those cases that were at all remediable, the abatement of bad symptoms generally began within thirty minutes after the application of the blister. . . . Now what did this prove? Certainly not that vessication was the cause of the improvement," etc. Having made this observation in many cases, I proceeded to administer boldly large doses of the tincture of cantharides internally, in the course of fevers and other diseases, at that period properly called the blistering stage, and in many cases where blistering would be hardly expected to be attended with success. The result seldom or never disappointed my expectations. I shall not trouble the reader with repeating many of the cases reported in '62, but quote the following: "I have also given it in Cholera, of which I treated some cases in 1860, or cases that were no way distinguishable from Asiatic Cholera. One of these cases particularly went through the severe stages of Cholera with the characteristic purging and vomiting, cramps and blue surface with parboiled hands. In this extreme condition I gave him largely of tincture of cantharides and no other active medicine. Of course, I applied external warmth and gave hot drinks. Improvement was speedy after the medicine."

In the spring of '61 I treated a young woman for pneumonia of no great severity, but as the lung symptoms abated there came on a diarrhœa of the most obstinate and exhaustive character. Opiates, astringents, terebinthinates and the like had little or no effect. It was too feeble a case for mercury. The evacuations were liquid and salmon colored. She became very feeble, and death was imminent. I gave a teaspoonful of the tincture, and the features of the case were soon improved. Some smaller doses were repeated, and she mended rapidly.

In 1861 I mentioned my use of this remedy to the venerable Dr. Awl, of Columbus. He said my remarks reminded him of the fact that he had once given to a Cholera patient rather largely of tincture of cantharides with good effect, but his experience had gone no further.

There is absolutely nothing to fear of any irritating effect of this medicine upon the mucous membranes nor upon the urinary organs. I have given it in drachm and a half doses frequently. A drachm is my common dose in ordinarily severe cases, repeated in the same quantity, or less, or more, according to the emergency. Its good effect is always manifest in a short time, frequently in twenty minutes. I have thus treated a great variety of cases. Severe cholera morbus I have treated in several instances, and in every case with prompt success. The patient will seldom vomit or purge after the first dose of a drachm or drachm and a half. I have successfully given this medicine in a large variety of cases, and can not call to mind a case when manifest injury was done, and this is more than can be said generally of powerful medicines. I have thus treated hydrocephalus, cerebral congestion, cerebro-spinal meningitis, gangrenous erysipelas, and many of those atonic diseases met with in the army, in short, nearly all those atonic states of disease in which a tonic action is wanted in the capillary system. I gave two or three drachms in a case of severe puerperal convulsions, with no bad result, for after a moderate bleeding the patient recovered speedily. I frequently combined one drachm of the tincture with a single dose of a hydragogue cathartic in army dropsy, with the happiest effect in every case.

I mention this variety of cases to show the great range of application of this remedy and to illustrate its uniform effects on the capillary system, and also to illustrate that it is irritating to neither mucous membranes nor nerve centres in any case. External dry warmth and hot drinks, as hot as can be easily swallowed are by no means to be neglected during this mode of treatment, for the pathology and demands of the system are the same with this as with any other method.

Whether it will ever be beneficial to apply blisters in conjunction with the internal use of the fly I am not certain. I have so done in a few instances in other diseases, and with good results, but I strongly suspect that, ordinarily, a fly plaster is equivalent to an indefinite dose of the tincture. This will be observed, however, that but little or no external effect will be obtained from a fly plaster after the patient has taken freely for some time of the tincture.

After the vomiting and purging are arrested, the practitioner will exercise his judgment about giving the ethers and the like, should the cramps continue. My opinion is that if the arrest is effected by means of the cantharides, little else will be necessary than to maintain the temperature and gradually fill the patient with hot drinks. According to principle as well as according to my experience, so far as I have had experience, the action of this medicine is indicated equally in the choleric and collapsed stage, for in the choleric stage the capillary system of the bowels demands action, and in the collapsed stage there is added to this demand that occasioned by the congested state of the nerve centres. But if this medicine has been properly applied in the choleric stage, it is hardly probable that in the same case it will be needed in the collapse, for it will probably not occur. However, if a case should be so rapid in its action, and the stomach and bowels reject everything with such promptness that even this medicine should produce no effect, and hurry on to collapse, I should not despair, but follow it with the remedy. If such a case should occur, it will be eminently one for the blister or the copious affusion of the tincture upon the front of the body.

This medium will act in harmony with other medicines to as great an extent as almost any other, though it will often be found that no adjunct is necessary.' Its action is in some respects essentially different from that of opium, and in some respects antagonistic of it; it will probably overcome strangury produced by opium, and I have seen it relieve in a short time that blueness of the features occasioned by a dose of opium in some cases of pneumonia, but with the proper tonic action of opium upon the arterial tunics, I think it acts in harmony; with diuretics and purgatives it agrees, and is itself an antispasmodic; with the salts of iron, the alkalies and veratrum its action is harmonious, and with arsenic its effect is excellent in certain cases.

This medicine is not aphrodisiac in any proper sense of the term. When a poisonous dose, such as an ounce or more of the tincture, has been taken, priapism has followed, but this should not deter us from its proper use. If that accident should happen, it is probable that a large dose of laudanum would relieve it, but I never saw the least of this effect during the whole time that I have used this medicine so freely, and as to strangury, I have never seen any instance of it to any troublesome extent. Strangury will ordinarily result to some extent, in about a week from giving twenty to twenty-five drops of the tincture three times per day to a patient with any mild form of diseases, but the large dose in severe atonic disease produces no such effect.

In many instances while in the army, when I could not command the tincture, I ordered the application of large fly plasters, to be removed in an hour, and the surface washed to prevent vessication. The effect was the same as if the medicine had been taken internally, but not quite so speedy. But any one will perceive that the external use can not always be relied on; as for instance in the collapsed stage of Cholera, when the skin is so cold and dead that a leech can not draw blood, it can hardly be conceived that it could absorb enough of anything to do much good; even if endosmose should effect something, the product must be conveyed too slowly to effect much, but in this case, especially if the stomach should yet be irritable, I should take the chances of both internal and external application.

With regard to strangury following the use of the fly, it is a good symptom generally, and I have heard an old and experienced physician say that he had seldom or never known a case of disease do badly where strangury followed a blister.

I have made no attempt in the foregoing to direct a systematic treatment of Cholera in all respects and through all its stages, but point out a principle upon which it should be treated; that of directing efforts to a restoration of tonicity of the capillaries; also to point out as clearly and forcibly as the limited space at my command and my abilities would permit, a remedy and the mode of applying it, which a dozen years of observation have taught me to rely on more than any other, singly or combined, to restore equilibrium of tonicity to the capillaries in almost every asthenic congestive disease as well as some other form of disease. Circumstances would not permit an article of greater length,.but I hope the suggestions will be as clearly comprehended as though they had been enforced by a greater variety of illustration and expression. I have said nothing about the incipient and febrile stages of the disease, thinking there was no feature that would illustrate the view which I have aimed to impart with any more clearness than will appear from what I have written.

I cordially invite all to give this remedy and the suggested principle a fair trial. Let all be prepared with some well considered plan to meet the huge spectre at Philipi.

ARTICLE IV.

Report of a Case.

BY W. T. CLELAND, M.D.[*]

KEWANA, FULTON Co., INDIANA.

I REPORT to you for publication the following case which came under my treatment a short time since, and which to me and the Profession is a rare disease.

Mrs. M. Toner, aged about 30 years, has had at different periods in the Fall or Winter an attack of Chronic Bronchitis, and in these chronic inflammations of the bronchial tubes, she has spat up that which Dr. Warren in his Medical Transactions calls Bronchial Polypi. This being the first case of the kind, I thought it would be interesting to the numerous readers of the *Lancet and Observer*. For several years this lady has had passive hæmoptysis, and after each discharge of blood from the bronchial tubes she has expectorated the so-called bronchial polypi. I attended this lady since the first day of January, 1866, and minutely examined the polypi expelled from the bronchi. When first coughed up, they resemble a mass of hair, white in color, are about the size of a pea. Some of the polypi are from four to six inches in length, and when first expelled from the bronchial tubes, seem to possess life, but very soon expire on exposure to atmospheric air.

Dr. Watson, in treating Chronic Bronchitis, describes this disease, and classes it under the head of Chronic Bronchitis. He says in writing upon this uncommon affection of the bronchial tubes "That the trachea being unaffected, concrete masses evidently moulded in parts of the hollow bronchial tree, are spat up somewhat like bunches of worms, or the roots of a small plant. He also says this I presume to be uncommon, for I have met it twice only in my life.

This case corresponds in all its bearings with the cases reported by Dr. Watson in his practice, pages 548 and 549. Now the question is, are these substances expelled from the bronchial tubes, polypi, or are they detached bronchial tubes from chronic disease, assuming this form.

If any of the writers of your journal can give any light upon this obscure affection of the bronchial tubes, it would be interesting to the Profession, as this is the first case I ever saw in a practice of twenty-three years. This lady has an attack every Fall or Winter, and after each expectoration of the bronchial polypi is much relieved, and her disease, which is Chronic Bronchitis, is in all respects better after each expulsion of the so-called bronchial polypi. The substance expelled from the bronchial tubes in this case are about the size of a large horse hair, white in color, and about the size of a pea, oblong in shape, and relieving the patient after each expulsion. Mrs. M. T., aside from this annual attack, is enjoying good health. No cough or any disturbanse about the lungs.

ARTICLE V

Cases of Strangulated Hernia.

BY W. H. MUSSEY, M.D.,

Surgeon Commercial Hospital and Professor of Operative Surgery and Surgical Pathology in Miami Medical College.

Case of Double Inguinal Hernia in the Female—Strangulation for three Days—Herniotomy—Recovery.

In an extensive observation I have seen but four cases of Inguinal Hernia in the Female. Three were readily controlled by the adjustment of trusses. Two were upon the left side, and one upon the right. The fourth case was *double*. existing on the left side eleven years before the appearance on the right side. A variety of trusses had been applied, but none were adequate to the retention of the tumor, till after the operation for strangulation on the right side. Mr. Corliss (of Marsh, Corliss & Co.,) applied one that was effectual. The record of the case is reported by J. C. McKenzie, M.D., Resident Physician Commercial Hospital.

June 11, 1865.—Ann Sharp, colored; native of Kentucky;

aged 28; married; one child; admitted to-day at 12 oclock; states that six weeks after giving birth to her child, which event occurred eleven years ago, she noticed a tumor in her left groin. This was at first small, but afterwards gradually increased in size. She has had on several occasions great pain in it, and at such times would vomit severely. These symptoms would continue for a short time, and then pass away without treatment. Four days ago she was seized with pain of a colicky character in the umbilical region and vomiting; the vomited matters consisting merely of the ordinary ingesta. The pain and vomiting increased in severity and frequency. She had had a passage from her bowels that morning. Next day at noon she noticed a small tumor in the left groin about the size of a large hickory nut, which was very hard and painful. The pain in abdomen and vomiting became more severe, and the egesta consisted of bile. She remained in this condition for twenty-four hours, at the end of which time she began to vomit a brown fluid, having, as she says, a stercoraceous odor, the pain at the same time continuing. These symptoms have persisted until the present time. She states that although she has been under treatment, no operative measures have been employed to reduce the hernial tumor, for such it is.

Present Condition.—She is a very corpulent woman. There is an oblique inguinal hernia on the left side of large size, which has descended completely into the labium majorinus of that side. This can be readily reduced by application of the taxis. On the right side there is also an oblique inguinal hernia, about the size of a small egg. This is hard, very painful, and not reducible. She vomits very frequently a brown fluid, which sometimes has a feculent odor, but more commonly has no odor at all. Pulse 80, moderate force; tongue clean; no appetite; bowels have not been moved since the commencement of the attack.

This afternoon at 3 o'clock, Dr. Mussey employed the taxis and succeeded in partly reducing the tumor. She was under the influence of chloroform during the manipulation. Bladders of ice were then applied over the tumor, and they were ordered to be kept on all night. Twenty drops of a solution of morph. sulph. of the strength of gr. x to ℥i of water are to be injected hypodermically every four hours. She is to have ice to swallow. The foot of the bed was elevated in order that the weight of the bowels might exercise some traction upon the protruded portion

June 12, 8 o'clock A. M.—The hernia has assumed its former size; the vomiting and pain are not at all relieved; the ice bladders have been kept on all night. At 8 o'clock this morning the patient was again placed under the influence of chloroform, and another attempt was made to restore the protruded bowels to the abdominal cavity by means of the taxis, but with the same result as before. The ice bladders and injections of morphine were continued. At 4½ o'clock P. M., the unfavorable symptoms still persisting, it was determined that an operation was necessary. Chloroform was then administered to the patient, and she became insensible in a very short time. Dr. Mussey then made an incision over the tumor, three inches in length, passing through the integument and adipose cellular tissue: he divided several layers of fascia upon a director until he came to the hernial sac. This was found very much thickened and agglutinated by adhesions to the surrounding tissues: it was divided to the extent of two inches. The wound produced by these incisions was very deep on account of the great obesity of the patient. Recent adhesions were found to exist between the sac and the bowel, and there was in one place a patch of coagulable lymph. The intestine was very much congested and of a chocolate color. A probe pointed knife was then passed along the finger to the stricture and it was divided, and the bowel was returned to the cavity of the abdomen without any difficulty. There was slight hæmorrhage from two of the branches of the arteria ad cutem abdominis which were tied. Five silver wire sutures were then applied including the skin and superficial fascia. A piece of muslin was placed at one end of the incision, previous to the tightening of the sutures in order to act as a tent. A compress was laid over the sutures and a bandage applied over the whole. The patient was under the influence of chloroform about an hour. Previous to the operation her pulse beat 80 in a minute, but while under the influence of the anæsthetic, it fell to 60, maintaining, however, its force. She recovered her consciousness in an hour: the pain and vomiting ceased and her pulse began to increase in frequency. The injection of morphine is to be continued, and her urine is to be drawn off every four hours by means of a catheter. She is required to remain perfectly quiet

June 13.—She slept a considerable portion of the night. Her pulse at 10 o'clock P. M. was 84, and has been gradually increasing in frequency since. It is now (8 o'clock, A. M.) 100, tolerably strong. There is tenderness on pressure over abdomen and slight tympanitis; tongue heavily coated; there has been no vomiting; to have ice to eat; diet to consist of beef essence; hypodermic injections to be continued.

5 o'clock, P M.—Tenderness of abdomen and tympanitis somewhat increased; pulse 92; the dressings have not been removed.

June 14.—Tenderness and tympanitis greater this morning; pulse 110; tongue covered with a yellow fur; has some desire to eat; there has been no vomiting; bowels not moved; the tent was to-day removed and there was slight discharge of serous fluid from the wound. Diet restricted to beef essence; hypodermic injections to be continued and urine to be withdrawn as before.

8 o'clock, A. M.—No pain except when she moves or when pressure is made upon abdomen; the tenderness, however, is not so marked; tympanitis diminishing; pulse 96, moderate force; tongue not so heavily coated; no vomiting; no passage from bowels. Treatment continued.

5 o'clock, P. M.—To-day the dressings were removed and reapplied; the wound is discharging slightly; pulse 100; tongue cleaning at edges.

June 16.—Has some pain in right iliac region, increased by pressure; tenderness over the rest of abdomen diminishing; very slight tympanitis; pulse 104; no vomiting; no stool. *Treatment* continued.

June 17.—No pain except when pressure is made over wound; pulse 88; tongue cleaning off; good appetite; no vomiting; bowels not moved since operation; there is a discharge of healthy pus from the wound; injections continued; urine still drawn off by catheter; low diet continued.

June 18.—No change in condition. Hypodermic injections discontinued; to take ℥vi. Sol. Magnesiæ Citratis at once to be repeated in three hours if necessary; to take gr.⅛ Morph. Sulph. every three hours.

June 19.—The stitches have been removed; wound in a very healthy condition; she is allowed to urinate without the catheter; no stool although she took three doses of the cathartic. Strips of adhesive plaster were applied to the wound. To continue the morphine.

June 20.—Is improving rapidly; wound very healthy, discharging a small quantity of pus laudable; pulse 90, moderate force and volume; tongue clean; appetite good; no stool. Is allowed daily a small piece of beefsteak and an egg. To take this evening a seidlitz powder.

June 21.—Has some pain in abdomen; pulse 90; tongue furred; good appetite; no stool; wound healing.

June 22.—Had a stool last evening; pain in bowels relieved; wound cicatrizing.

June 24.—Wound almost healed; pulse 76, good force; tongue slightly furred; bowels moved yesterday, in consequence of her having taken ℥viii. Sol. Magnesiæ Citratis.

June 26.—Wound completely healed; no change otherwise.

June 29.—To-day she left her bed contrary to orders, and after walking about for two hours she fainted. After recovering her consciousness, she was seized with vomiting, which continued at intervals for an hour and a half. This evening she is better; bowels have not been moved for two days. To take ℥vi. Sol. Magnesiæ Citratis at once, to be repeated in two hours if an operation of bowels has not then occurred.

July 1.—Bowels moved; otherwise no change.

July 3.—Complains of pain in lower part of abdomen; bowels constipated. To repeat the Sol. Magnesiæ Citratis.

July 12.—Pain in lower part of abdomen continues, but is not severe; pulse normal; tongue slightly furred; appetite good; bowels disposed to constipation. They are kept regular by aperients.

July 15.—Had a truss applied to-day, but after wearing it for an hour and a half, she was seized with vomiting and it had to be removed. She was then fitted with another one, which she has been able to wear without inconvenience.

July 16.—Went away to-day without permission, and did not return.

Herniotomy, with removal of masses of vessels of the Omentum—Recovery.

Thomas Mullen, 48 years of age, (has the appearance of being ten years older,) formerly of very intemperate habits, but recently indulging in only an occasional variation from sobriety; works upon railroad at Morrow, Ohio; is a patient of Drs. Cowden, Hunt and Mounts; has had inguinal hernia of right side for twenty-five years, which has been strangulated four times, the last previous being about one year since, and was reduced by taxis by Dr. Cowden.

Nov. 24th, 1865, 7 A. M.—Discovered strangulation. All attempts at reduction were fruitless.

Nov. 25th, 12 M.—Patient greatly prostrated and pulse feeble, the condition forbidding the use of anæsthetics. On opening the sac, I found a mass of omentum, with a knuckle of intestine inclosed, of a deep chocolate color. After reducing the intestine, the reduction of the contents of the sac was found impracticable. Masses of varicose vessels filled the scrotum, one large bundle being adherent to the spermatic cord near the testicle. I applied ligatures to three large pedicles and cut the masses away. The bowels were evacuated the second day after the operation; profuse suppuration attended the convalescence.

Jan. 17, 1866.—Saw the patient to-day. He is able to attend to work. The wound well cicatrized, the adhesions being an effectual barrier to the descent of a hernia into the scrotum, the abdominal wall requiring the support of a pad.

Medical Societies.

The Cincinnati Academy of Medicine.

R. R. MC ILVAINE, M.D., PRESIDENT.
W. H. McREYNOLDS, M.D., Secretary.

[Discussion on Cholera Continued.]

Cholera as it appeared in Cincinnati in 1849.—At the meeting for January 8th ult. Dr. Carroll gave the following historical account:

Mr. President:—I wish this evening to consider the sanitary regulations which were adapted during the last Cholera invasion that mostly spent its force on this city during the years 1849 and 1850. I hope to show that much that was done contributed largely to the severe mortality which resulted from the pestilence. Long before the pestilence reached us, the empirics of the city, and indeed of the country in general, saw that much might be obtained by the sale of specifics for the cure of Cholera, and in no place could there have been more of the peculiar bloviating that precedes calamity in the way of an expected pestilence, than in Cincinnati. There was not only the inflated advertisement; but there was the editorial puff in behalf of particular nostrums. But few knew anything of the corrupt springs that gave rise to these recommendations of quackery and quack medicines.

After specifics came a host of empirics of various grades. The old followers of Samuel Thompson had become so far enlightened as, in their own estimation, at least, to have made discoveries which their founder's penetration had not enabled him to reach. They had, anterior to '49, established a school of medicine which professed to teach much that was before unknown, but which still adhered to the many absurdities "of Thompson."

In the hidden virtues of various remedies prescribed, or revealed, or to be revealed, only in the teachings of one *Beach*, of New York, they placed the utmost reliance. After these came the *Homœopathists*, whose demands upon public credulity were even greater than their brethren just named, and whose audacity and falsehood have seldom been equalled, and certainly never surpassed, by any *horde* of quacks whatever. To them much, very much, of the mortality of the city must be attributed.

This is particularly true of the German population. There, sugar powders were every where met with, and on more than one occasion the vial containing camphor pellets was found in the death-grasp of the collapsed patient. Among the *rich vulgar*, too, this humbug did much to bring about fatal results. So determined were they in their infatuation, that they not only depended upon these pretended remedies themselves, but evinced their want of delicacy by thrusting them upon others. Instances of this occurred in my own practice. In June, 1849, I attended a child four years of age, in whom Cholera was preceded by an attack of Measles. This patient lay longer without pulse at the wrist, or micturition, than any patient I saw during the continuance of the pestilence in either year. I was frequently asked my opinion as to the probable result, and of course replied that there was little hope or ground for hope. Under these circumstances, a friend of the family insisted upon discharging me and calling in a Homœopathist. My reply was, "Wait a little. Possibly this man may himself have need of a quack, when we shall see what Homœopathy can do." My patient recovered, and this officious individual fell a victim to the disease under the hand of the *Homœopathist.*

It will be seen, hereafter, that the published reports of the mortality may not be relied upon, so that when we state that quackery was the cause of not less than two thousand deaths, it must be borne in mind that not much less than six thousand deaths occurred from Cholera during 1849. In the succeeding year, also, many died from the same cause. Many lives were wantonly thrown away for the mere purpose of seeing what empiricism could do. Often the alarm of the moment was the occasion of patients being thrown into the hands of quacks. A melancholy instance of this occurred in my own practice. A German lady seven months advanced in pregnancy was taken with Cholera. I prescribed for her, and an hour or two after my first visit I informed her husband that the symptoms of Cholera were not severe, but that owing to her situation, he must prepare himself for the worst consequences. This statement caused an effort on the part of the Reformers? to take the patient out of my hands, and on my next visit I found that a quack had been called and had given medicine, which appeared to be the common *Volatile Liniment.* I was urged to prescribe also, but declined. In thirty-six hours the woman died under the care of the quack and an old woman. Labor had supervened before death, and the head of the fœtus was projected through the soft parts. In this position it was permitted to remain, and in this revolting condition both were consigned to the tomb. Could the heart bleed for any barbarity, it would certainly be for the perpetration of such acts as these. Wrong headed *Reformers* were every where to be met with; on the street, in the coffee-house, in the halls of justice and in the church, where they manifested an equal want of judgment and common politeness. It is impossible to enumerate the various maladies that passed with these people for Cholera—*Neuralgia*, *Rheumatism*, *headache*, pains of the loins, want of appetite, and diarrhœa of all descriptions, were either Cholera, or in the language of the *Quack*, *Cholerine.* In the consideration of quackery as the cause of a great mortality, we come very naturally, as closely connected therewith, to the means adopted by the city authorities for the purpose of mitigating the violence of the epidemic. Measures which it was supposed, at one time, would be successful in warding off a visitation of the disease, but which had certainly little effect of that kind, if indeed they did not aggravate the evil.

On the 8th of December, 1848, the Board of Health reported to the City Council on the subject of the expected visitation, making some suggestions as to the proper course to be pursued, and requesting that power be given them to enforce the cleansing of the city, and to establish hospitals if they should be needed. This report closed with the singular remark that "Cholera, it is encouraging to know, is no longer considered contagious." Before another meeting of the Council, the news of the arrival of Cholera, both at Staten Island and New Orleans, had been received, and had occasioned considerable alarm. Yet, notwithstanding the arrival of two suspicious cases on the 25th of December and their death on the following day, the Board of Health reported that the pestilence was not yet upon us, though they still urged the Council to take action on the matter. *One Thousand Dollars* had been appropriated to aid the Board in making the necessary sanitary regulations—a small sum truly—if we take into account the magnitude of the work to be done. On the 27th, an ordinance supplementary to one enacted in 1832, gave to the Board the power to establish hospitals and adopt other measures for the prevention of disease, but prohibited them from establishing quarantine! Soon after this, the Board rented an old frame house on Fourth Street, in the midst of the city, for a Cholera Hospital. This house was small and badly ventilated. But little was done during the Winter. Physicians were required by ordinance to report all their cases to the Board; a requisition, as we shall see, not generally complied with. On January 2nd, seven new cases of Cholera were reported. Of these, four were from a steamer direct from New Orleans, three originated in the Commercial Hospital, and one case was taken from the Wetzell, five days from Wheeling, and lying at our wharf two days before the occurrence of the case. The cases from New Orleans died soon after admission, the others lingered, but one or more died in a short time. The case from the Wetzell proved fatal in seven hours. The Board in their report of this date state that they "do not see" in the occurrence of a few cases of Cholera originating here, any cause for apprehension or anxiety, or any reason to suppose that the dreaded pestilence is upon us as an epidemic at this time, or indeed, that "it will be." This was, no doubt, written with strict regard to the truth, for the disease was, certainly, not then upon us as an epidemic, nor for months afterwards, nor probably, at no time during the prevalence of the disease could it be called an epidemic in the ordinary acceptation of that term, for unlike ordinary epidemics, the disease crept over the town rather slowly. When preying upon the vitals of one district, it generally either had subsided or had not made its appearance in other portions of the city.

On the 2d of January, the Board reported that there had been about twenty fatal cases in the city, and that one-third of these had originated here. On the 12th, the Health officers were directed to employ the sextons of the different burying grounds to report daily the number of different interments from the disease, as well as those from the smallpox. On the 17th, as before stated, the Board *determined* to make no more reports, very few cases having occurred since the 12th.

On the 3d of May, the Board met again, and to this meeting sixteen cases were reported as having occurred since the last report on the 17th of January; seven of these were from the city, and three from the Commercial Hospital. Of the number of fatal cases we are not informed. On the 10th, the reports of the Board were resumed, twenty-four deaths having occurred the day before.

A. M. Johnston, M.D., was appointed physician to the Cholera Hospital on Fourth Street, and regular reports were again requested from the physicians of the city. Here, as it seems to us, that honorable body committed a great error; empirics as well as physicians were allowed to report. It should have been obvious to that body that this permission would at once lead to difficulty and confusion. Physicians were not likely to comply with an order which placed them on a level with men whose knowledge of the disease was too limited to diagnose a case of Cholera correctly. It should have been considered by the authorities that quacks are either knaves or fools, and therefore not fit subjects from whom to elicit truth. Even keepers of coffee houses were required to report the number of cases occurring to them, but they too refused to obey the mandate. A quack was sued for not reporting his cases, to the no small gratification of the people, who now began to manifest a disposition to take the direction of sanitary affairs out of the hands of the doctors, having seen enough in the newspapers to convince them that *they* were the proper persons to grapple successfully with the enemy. On the 15th of May the Board devised a new method of ascertaining the number of deaths. This was the appointment of an agent, who was to know daily the number of interments in each grave yard, but this plan failed on account of the unwillingness of sextons to report to the agent the true number of interments. In one instance, when the authorities reported only forty as occurring on one day in two cemeteries, he found by inquiry at a gate through which the funerals were forced to pass, that the actual number was sixty-four. At this time, Prof. Drake was appointed consulting physician to the Cholera Hospital on Fourth Street. It now seemed probable that the establishment would be conducted in a manner creditable to the city, and advantageous to the unfortunate inmates. But, alas! the hope was a delusive one, for the excitement in favor of empirics now ran mountains high. The incessant bloviations of these ignorant pretenders had greatly increased their popularity as *Cholera Doctors.* The opinions of physicians were little sought after by the masses, and a majority of the City Council evidently thought themselves more capable than the most learned physicians of judging what would avert the impending blow. Now the Council had much in their power, the indigent sick being forced to submit to their dictation, whether for weal or for woe. Occupying in their own eyes at least an eminence from which they could dispense blessings and give new impulse to the recent wonderful improvements in medical science, this body, on the 24th of May, decreed that the old Board was no longer a Board of Health, and that another should be constituted more congenial with the progress of the age, and with the wants of the people. The medical profession was to have nothing to do with this new organization. Its members were to be taken from the ranks of the masses, the principal qualification required being a belief in quackery, and a disposition to go for radical reform in the management of this new disease, which had hitherto proved so fatal, but which, as the result of the measures now to be adopted, was to be converted into a harmless brush sweeping away only the weak, the intemperate, and those who would not swallow Homœopathic powders, or smell a camphor vial once in fifteen minutes, for the cure of profound *calapse*. Or in case of the failure of such powerful means of cure, the milder remedies of the Steam Doctor, in the shape of Number Six, black pepper, salt and vinegar, or the tincture of Xanthoxylum were to prove wonderfully efficacious.

The new Board was eminently fitted, both by education and intellect to carry out the views of the City Council. Among its elements were one lawyer, one editor, one dealer in spirits, one preacher and one mechanic. The majority were in favor of quackery, and, of course, soon made a clean sweep of the medical attendants at the *Cholera Hospital*. Dr. Drake was no longer to consult with the resident physician who was forced himself to give place to an Eclectic empiric, who had recently been a preacher, but having broken down in that line, had become a swaggering quack doctor. One of the most sensible acts of the Board was the appointment of S. H. Smith, M.D., as Health officer, a gentleman well qualified for the place, who did much by which we gain an insight into the system of humbug pursued by the authorities. Dr. Smith kept a record of the fatal cases at the Cholera Hospital and the number admitted and discharged. It is to be regretted, however, that one or two points of some importance are not clearly set forth in his report, as for instance, the kind of patients received, and the actual number affected by the Cholera. Probably delicacy on the part of the Health officer prevented these distinctions from being made. Enough has leaked out to justify the conclusion, that patients were admitted as laboring under Cholera, whose diseases were of a very different character, indeed, it has been confidently asserted, or stated, that more than one drunken man found his way there and was treated for Cholera. The empirics complained much of the authorities who had the control of the Commercial Hospital, as well as of the poor in general, for sending them patients dangerously ill, instead of taking them to the last named institution. The trustees of the Commercial Hospital, finding it was not the object of the establishment on Fourth Street, to receive Cholera cases as they might come, but on the contrary to take such only as might be selected with a view to curability, avoided as much as possible, to sending them patients at all. After contending in this manner for some time with the officers of the poor, the individuals in control of the Cholera hospital fell upon a most happy expedient for getting rid of collapsed patients. This was the establishment, by the Board of Health, of another Cholera Hospital, over which Dr. C. Raymond, a regular and accomplished physician was, on the 13th of July, appointed Superintendent. The cunning that prompted the establishment of this new hospital was at once made manifest; for on the very first day, six patients were received, all of whom were in profound collapse at the time of admission. Of these, two died in four hours, and at the end of ten hours, all had succumbed. Twenty other cases of Cholera were admitted, of which ten died; making in all sixteen fatal cases, all of which were collapsed when admitted. Of those cases not collapsed, there were no deaths. Twenty patients were admitted who did not labor under Cholera. Of these but seven died. Now it is somewhat singular that while they were received into this establishment, twenty patients who, in the opinion of Dr. Raymond, did not have the Cholera," every one of those received into the Fourth Street Hospital were, according to the reports, affected by the epidemic. It may thus be seen how easy a matter it is for the dishonest to deceive those who will not carefully investigate for the purpose of knowing the truth. On the 11th of July, two members of the Board of Health, reported to that body that there had been a Cholera Hospital established in the First Ward, in which one death had occurred.

This was the only notice taken of this most benevolent institution, put into operation by the wealthy citizens of that Ward, aided by the humane of all classes. This hospital had its origin in the simple desire to do justice to the sick, on the part of the citizens of the First Ward, to whom it was apparent that the miserable establishment on Fourth Street was inadequate to the wants of the city, and that it was under the direction of ignorant or knavish quacks, whose object was the advancement of quackery rather than the care of the sick or an honest report of their success. Hence their charity was silent, but efficient. The First Ward Hospital was fitted out of a carpenter shop, with additions. The location was a fine one, the ventilation *superior*, the nursing good, and the medical attendance excellent. Two medical gentlemen who had a year or two before retired from the practice of their profession, volunteered their services, as consulting physicians, and Dr. Caroland was appointed a house physician. All these gentlemen performed their duty with fidelity and skill. Let us examine now into the success of this establishment in the mitigation and cure of Cholera, as compared with that of the hospital on Fourth Street. At the former there was no sending away of patients, no selecting, all had admittance, without regard to the intensity of the disease. Yet of the fifty-six patients admitted into the establishment, but fourteen, or one in four, died; while the hospital on Fourth Street, notwithstanding the establishment of Dr. Raymond's hospital for the reception of their collapsed cases, and notwithstanding the fact that probably not more than one-half or two-thirds of their cases were laboring under Asiatic Cholera, had a mortality of a little less than one in twenty-five. That we may have a correct idea in regard to the superior efficacy of quackery in the treatment of Cholera, let us compare the mortality at this establishment with that at the Commercial Hospital. The latter institution is a poor place to test the proper treatment of any disease. The house is badly constructed for the comfort of patients, the windows are small, the stories low, the wards crowded, and the medical attendants too few, and, it is to be feared, too often inexperienced, for though the Faculty of the Ohio Medical College are physicians to the hospital, they in general, visit the house but twice per week. Of course, the house physicians may be considered as holding the destinies of the sick in their hands. Aside from the disadvantages we have named, there never has been a possibility of proper ventilation, and even what might have been done has been but partially effected. Yet, notwithstanding this state of things, and the fact that all cases applying for admission were received, there were, out of one hundred and forty-four actual cases of Cholera in this institution, but fifty-six deaths, or little less than one in twenty-five, the mortality being no greater than the Fourth Street Hospital, where every kind of dishonesty was practiced for the purpose of showing a large per cent. of cures. So much for Medical Reform, under the patronage of the Board of Health. The pest-house was also used for the admission of Cholera patients. The cases received here were those occurring amongst the colored population. We are, however, unable to speak of the mortality at that point. During all this time no steps were taken by the Board for the prevention of public processions of crowded assemblies. Indeed, it seemed never to have entered into the heads of the new Board that any such regulation was necessary; or, if necessary, the sovereign people, whose pleasure seemed to be their sole object, would submit to it. And yet, judging from what we observed, we have no doubt that a large majority of our citizens would have given their consent to the closing of all places of public resort excepting the churches, and that the clergy, if requested, would have given up evening meetings. The Board, however, did not think it worth while to make the attempt.

The Common Schools were not closed till some time after the invasion of the pestilence, and in consequence children were more than once carried home from school in a dying condition. The Catholic population, in particular, continued to attend church and to comply with all the rites of their religion with the same punctuality, and even increased their devotion, during these years. For some time after the onset of the disease in 1849, their dead were constantly taken to the churches, and the usual ceremonies of their faith performed, and it was only after the fearful mortality of June, when the Catholic population had been so much exposed to the poison of the malady as greatly to have contributed to the spread of the disease, that the custom was given up.

Another of the causes which led to the same end, and which *might* have been arrested to some extent was the constant habit amongst this class, of watching with the dead. No fatality seemed to have any influence in inducing them to dispense with this custom, equally opposed to reason and common sense. In this manner great exhaustion, often intemperate drinking, and consequently great mortality was brought about. Next after the Catholic, the Protestant German population suffered most, and next after these, the Welsh congregations, at least I think this was the case. Then came the various Protestants recently from Europe, and after them possibly the Methodist church. After these came, in the orders in which they are named, the Universalists, Presbyterians, Swedenborgians and Unitarians. This last Society, it is thought, suffered but little; and the *Quakers* suffered least of all.

The individuals who composed the Board of 1849 were continued in office during 1850. This apparent confidence of the public in the Board seems to have had the effect of bringing to the conclusion that they had accumulated enough wisdom to carry them through another invasion of the Cholera without the aid of a Health officer. They, however, on July 1st of the latter year created a new officer, whose duty it was, not to act, think and recommend, but to gather up certain information which was to be food for the reflective powers of the various wiseacres of the Board. This officer was styled by that honorable body General Out Door Agent.

On the 3d of July they reported that they had been advised of about twenty deaths from Cholera within the preceding forty-eight hours. It had been stated that on the 1st, however, that *there was no cause for alarm;* but still it was recommended that the citizens should be calm, and that they should be careful in their diet. But, as in the preceding year, no advice was given against night exposures, crowded assemblies, or street processions. We think enough has been said of the action of the city authorities to warrant us in placing it, as we have done, under the head of causes, which contributed to the spread and mortality of Cholera; and that those who escaped were not indebted to the Board of Health, but to their avoidance of the improprieties above referred to.

Now the question is, how can we meet with more success than we did during the visitation just portrayed? Can we, by a different course make this most fatal malady less destructive than it then was? In answer to these questions, I can confidently say that by pursuing a course that would remove all animal and vegetable filth from our streets and alleys; or as much so as possible. This operation would reach from Deer Creek on the east to Mill Creek on the west; and another and still more important act would be to have all the places where putrefying animal matter is subjected to heat for the purpose of obtaining fat in a partial state of decomposition removed; and that all such matter should be so far removed from the city limits, that the winds could not carry their exhalations into the corporation; that all necessaries should be properly cleansed and that their vaults should be sufficiently deep to prevent exhalations from easily rising to the surface, and that every room occupied by families should be constantly ventilated by open windows or doors, both by night and by day, so that all animal poisons should be dissipated as soon as possible, because the accumulation of such poisons within a small space or apartment, has always a deleterious effect, both on contagious and non-contagious diseases.

Patients laboring under Cholera throw out a large quantity of animal matter in a very short time. When a person is taken with Cholera, he, in general, throws off within a few hours, half the weight of his system; and much of this matter is diffused in the atmosphere of his chamber. The bed and bed clothes are soaked in poisonous matter, the very breath of the patient but too often carries death to those around him.

Proceedings of Northern Indiana Medical Societies.

KOKOMO, IND., FEB. 27th, 1866.

According to previous arrangement, a number of physicians of different County Medical Societies of Northern Indiana *met in* the city of Kokomo at 10 o'clock A. M. for the purpose of taking into consideration the propriety of a more thorough organization of the medical profession.

On motion, Dr. C. Richmond, of Howard Co., was chosen President, and Dr. N. W. Black, of Delaware Co., Secretary.

The following physicians presented their credentials as delegates: Drs. T. B. Harvey and L. D. Waterman, of Marion Co.; Drs. Wm. Lomax and H. Charles, of Grant Co.; Drs. R. Winter and N. W. Black, of Delaware Co.; Drs. C. Richmond, L. Kerr and Wm. Scott, of Howard Co., and Dr. M. M. Jones, of Tipton.

Dr. Wm. Lomax then stated the object of the meeting in a clear and impressive manner. The Society was then very interestingly entertained by remarks from Drs. T. B. Harvey and L. D. Waterman.

On motion, Society adjourned to meet at 2 o'clock P. M.

AFTERNOON SESSION, 2 P. M.

The following physicians presented their credentials as delegates: Drs. G. Lyons, J. E. Lyons and R. A. Curran, of Huntington Co.; Drs. R. F. Blount, W. R. Winton and J. L. Dickon, of Wabash Co.

On motion of Dr. R. A. Curran that there be a Committee appointed composed of one member from each County represented to draft an address to the physicians of the State, urging the necessity of a more thorough organization of the medical profession.

The President appointed the following physicians said Committee: Drs. Wm. Lomax, J. L. Dickon, R. Winton, R. A. Curran, T. B. Harvey, M. M. Jones, L. Kein and N. S. Wickersham. Dr. N. S. Wickersham was then admitted as a delegated member of Madison County.

Dr. Wm. R. Winton then read an essay on medical organization.

EVENING SESSION, 7 o'clock P. M.

The Committee on Organization then made their report.

On motion, said report accepted.

On motion of Dr. R. A. Curran, the report was recommitted to the chairman of the Committee for revision and correction.

On motion, Dr. Wm. Lomax was appointed a Committee on publishing the Address, and agree that the expenses for publishing and distributing the same shall be proportioned equally among the different Societies represented.

On motion, one thousand copies of the Address ordered to be published and distributed through the State.

On motion, the Secretary was requested to have the proceedings of this meeting published in the *Lancet and Observer*, *Chicago Examiner*, *State Weekly Journal* and *State Herald.*

The meeting was then handsomely entertained by the physicians of Kokomo, and the Convention adjourned *sine die.*

DR. C. RICHMOND, *President.*

DR. N. W. BLACK, *Secretary.*

PERSONAL.—Dr. B. Howard, formerly of the army, and now of New York, has recently been elected a Fellow of the Royal Medical and Chirurgical Society of London. This honor was conferred upon him shortly after the presentation paper to that body, "On the Application of Sutures to Bones in recent Gunshot Fractures, with Cases; also, remarks on their similar use in some other Fractures and Operations." Dr. Howard is well known to the profession in connection with the method of hermetically sealing penetrating wounds of the chest.—*The Medical Record.*

POISONING BY PETROLEUM.—Clemens, of Frankfort, relates a case of a patient who had taken about two-thirds of a glass of petroleum, mistaking it for wine. He was immediately oppressed in his breathing, had palpitation of the heart and dizziness; the pulse was small, and the patient feared that he was losing his senses. He was treated with strong coffee, cold applications to the head, and fresh air; at the end of two hours he was able to go home alone.

It may be remarked that the patient had formerly, for some years, suffered at least as often as once in six months from attacks of gall-stone colic, but for a year and a half after the poisoning was not so affected.—(*Deutsche Clinik*, 1865, 1.)—*Viertel Jahrschrift.*

Correspondence.

Letter from Boston.

BOSTON, MASS., March 7th, 1866.

Messrs. Editors:—The Commencement Exercises at the Massachusetts Medical College took place to-day with the usual ceremonies of such an occasion, in the presence of a large audience of professional gentlemen. Dissertations were read on the following subjects: Infantile Paralysis, Diagnosis and Treatment; Epilepsy; Physical Culture of Children; Medical Science; Human Hand. These Theses were creditable to the young gentlemen selected as the orators of their class. The graduating class is uncommonly large this year, numbering ninety-five. Twenty-five candidates received their degrees in July last. To-day the remaining number were recipients of the Honors of the College from the hands of President Hill.

The Annual Address was delivered by Prof. D. H. Storer, President of the American Medical Association, and was a plain, practical discourse, full of sound advice and true common sense. He considered the elements which make a successful physician. Being the senior Professor in the College, he spoke with deep and earnest feeling to the graduates; as a fond parent would counsel his dutiful son, who is about to assume the responsibilities of a business life. The Address will be published, and will be perused with satisfaction by many readers, inasmuch as it will serve as a faithful mirror of the experiences of many a practitioner in medicine.

The Trustees of the Massachusetts General Hospital have recently made an appeal to the public for contributions, in aid of the funds of the Hospital. It appears that the average excess of expenditure over the total income for the last five years has been $12,165,40, and for the past year $26,299,56. The total deficit is $86,698,17. The Hospital has a fund of $230,389,03. The income only of this is used in most cases, and that for the support of free beds. But the noble impulses which actuate the benefactors of this and kindred institutions will not suffer this Charity to languish for want of the needed sinews for its prosperity.

At a meeting of the Councillors of the State Medical Society, held in February, the regulations of the Society were so amended that hereafter, at the annual meeting, the session will continue two days, instead of one heretofore. It is hoped that this will awaken a new interest in the proceedings of this ancient Society; and that it will not be a cold formality, as it has been in some years past.

There is an Association of medical men and laymen in this city which has for its object the promotion of *Social Science.* Meetings are held frequently, for the discussion of the sanitary condition of the city, and the best methods of preventing the existence and spread of Cholera and other fatal diseases, as well as the means for the preservation of health in the matter of dietetics. At a meeting of the Suffolk District Medical Society in November, I think, a resolution was adopted, quite unanimously, to this effect: that in the opinion of the physicians of Boston, Asiatic Cholera *is not contagious.* This opinion was circulated far and wide among the mercantile classes, to establish the fact that quarantine regulations are wholly unnecessary, and that the great marts of trade should not be obstructed by any sanitary cordons. Since then the question of contagion has been agitated by the medical and secular press, and by discussions and lectures, till many have begun to doubt the fallibility of their former opinions, or have become firm believers in the contagiousness of the disease. Dr. Read, the City Physician, in his quarterly report to the Mayor and Alderman in October last, takes strong grounds against the contagious and infectious nature of Cholera.

In his report for January, from accumulating evidence, he comes out boldly and manfully upon the opposite side of the question, that Cholera *is contagious.*

In his communication, covering over forty pages of printed matter, he collates the latest evidence of both American and European authorities, to substantiate his change of belief. I herewith transmit a copy of his report.

In the *Boston Medical and Surgical Journal* of last week, Dr. Jacob Bigelow publishes an article, in which he maintains his former ideas that Cholera is in no wise contagious. I think many would take exceptions to his mode of reasoning, and to the results of his logic.

This agitation of the Cholera question will have its good results. The people will learn to appreciate and respect the rules of a Hygienic nature, and will be better prepared to resist any other epidemic influence that may make its appearance. B.

Letter from Dr. White.

CINCINNATI, April 12th, 1866.

Messrs. Editors:—In the Cincinnati *Journal of Medicine*. April, 1866, *the* "reporter," Dr. Roberts Bartholow, of the proceedings of the Cincinnati Academy of Medicine for said journal, has attempted to place me in a ridiculous light before the profession. His fairness and manliness will be evident when you read *his classical* production, and a plain abstract of my remarks by our worthy Secretary, Dr. Graff.

Dr. Roberts Bartholow writes as follows: "Dr. White, in discussing the therapeutical doctrines announced by Dr. Taliaferro, took occasion to ventilate the therapeutics of 'common sense'—a new view, it must be admitted, of the *methodus medendi*. Dr. White opposes the calomel treatment of Cholera, which, in his view, is *nonsense* rather than common sense. Dr. Almy, whose method of treatment by calomel we gave in a previous number, defended the use of calomel, opposing to Dr. White's objection the sound *common sense* doctrine, that the remedy which is successful in the largest number of cases is the best remedy, etc."

Dr. Graff, whose minutes, with the abstract of my remarks, were read to, and approved by the Academy, says,—I copy from the minutes,—"Dr. J. F. White, in the collapsed stage of Cholera had no faith in internal remedies, and considered drugging cruel. Would give water *ad libitum*, externally or internally, hot or cold, to suit the patient. Believed the emesis and purging necessary for the elimination of the poison, and scouted the idea of that English booby who proposed corking up his patients in the hope of the reabsorption of the serum in the intestine Looked to the lungs and capillaries as at fault, and relied on treatment based on *common sense.* To give calomel or any other drug when absorption was impossible, he considered worse than useless." In reply to some remarks by Dr. Almy, the minutes show that "Dr. J. F. White was not opposed to calomel when it could do good, but in collapse considered it worse than useless." As you will perceive, my remarks were directed to the treatment of *Choleraic collapse* only.

Very respectfully, J. F. WHITE.

Rupture of the Corpus Cavernosum—Death.

Editors Lancet and Observer :—I was called upon recently by the proper officer to make a post-mortem examination of a man who was reported to have come to his death by violence at the hands of his wife. Upon going to the house, a few miles distant, I was informed that the fatal injury had been inflicted upon the penis. An examination of the parts disclosed the following condition: extensive sloughing of the cellular tissue in the pubic and inguinal regions, with the loss of integument and connective tissue of the left half of the penis. Upon examining the body of the organ, one inch and a quarter anterior to its pubic attachment, I found that the urethra was ruptured, involving about four-fifths of the left, and one-half of the right, cavernous body. The doctor in attendance had made several ineffectual attempts to introduce a catheter. There was extensive infiltration of urine; and death occurred eight days after the accident. His dying statement to a friend was to this effect, that on the evening that he received the injury he was about to have connection with his wife who was mad. She seized him by the erected penis, and bending it suddenly and forcibly upon itself, broke it. This woman did not display any of the fine feelings manifested by the young bride in the Motts, New Jersey case, who, when told that her husband had fractured it against the bed post during her absence, burst into tears, remarking that it would *not have happened if she had been at home.* My reason for reporting the case is this: When the doctor was asked why he did not amputate at the break, he replied that he had no authority to do so, as the books said nothing about it, and we had no literature upon the subject.

D. C. Rathburn, M.D.

Middleport, Ohio.

[Fracture of the penis, or more properly, rupture of the corpus cavernosum, is altogether a rare accident. Prof. Eve, in his collection of "Remarkable Cases in Surgery" has recorded several instances of this character. One of these is originally reported in the *American Journal of Medical Sciences* by Dr. Ruschenberger of the United States Navy. "A young man, native of Canton, applied to Dr. Parker for relief. He had been married about eight months. On the nuptial night he met with insurmountable difficulty in his attempt to establish sexual intercourse with his bride, and in an effort, on that occasion, sustained a severe, and most probably, irreparable injury, which caused great pain. Since that night, erection of the penis is limited to about half an inch of its root, the extremity of the organ, with its glans, hanging flaccid. On examination, a well defined transverse space, through the corpora cavernosa, about a half inch from the pubes, the site of fracture was found to separate the penis into two parts. No attempt was made to remedy this serious misfortune."

Prof. Mott has reported two cases of rupture of the cavernosum, with more fortunate results (See Mott's Velpeau—Blackman's American Appendix.) In one of these cases the fracture was produced by striking the member against the bed post and is the case which gave rise to the plaintive quotation in the close of our correspondent's communication. The other was produced by some violence accidentally applied in dressing. In both cases the treatment was absolute rest—with cold applications. By these means the extravasation was overcome in a few days, and in due time the organ retored to its normal condition.—Eds. L. & O.]

Case of Lithotomy.

MIGUEL GONZALES, aged 38, bilious temperament, has been suffering for the past eight years, having every symptom indicative of calculi of the ammonia phosphatic magnesian variety, having passed several small pieces per urethra. For about eighteen months has been unable to attend to any business, and during the last six unable to leave his room. After as thorough a preparation as possible upon principles recommended by Druitt, I operated by the lateral method, removing a stone (variety above mentioned,) measuring one and a half by two inches. Time occupied in operating four minutes. Very little blood was lost, no part that should remain intact having been wounded. The patient was put upon bark and steel, with mineral acids to improve the strengh, and opium to procure rest, under which he rapidly recovered, and three weeks from day of operation (which was Dec. 26th, 1865,) was able to be out of doors, and was passing the urine per urethra in full stream and without any deposit upon cooling.

H. H. CLARK.

Albion, Ill., Feb., 1866.

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——The French Government has decided that seven medical students, who particularly distinguished themselves by their services during the prevalence of the Cholera at Toulon, Sollies-Pont, Var, and Raon l'Etate, Vosges, shall be exempt from all further charges in the completion of their studies. The Minister of Public Instruction has also awarded to one of the seven, M. Gensollen, student at Montpelier, a valuable scientific work, with an inscription stating the cause for which it was given.—*Medical and Surgical Reporter.*

——Dr. J. A. Read, of Baltimore, denies the whole theory of trichina. He says: "I boldly assert that the trichina never did and never will destroy human life; that they have in all probability existed in the human flesh always, certainly for the last half-century; and I think it a fair deduction, taking it, for the sake of argument, as granted, that we may receive them through the instrumentality of the hog, that they are not more dangerous to life on that account."

Reviews and Notices.

Sixth Annual Report of Longview Asylum—1865.

Dr. O. M. Langdon continues the superintendancy of this superb establishment. For the past year the expenses have been $102,197,15, a sum considerably in advance of previous years, and accounted for by a material increase in the number of inmates, by the purchase of real estate, and several extraordinary outlays in the way of improvements, piano, etc.

The number of patients under treatment during the year was 530, as follows: Remaining at the beginning of the year, 367; received during the year, 163, in all 530; discharged or died, 154; remaining under treatment at this date, 376.

The report of the Superintendent affords many interesting and suggestive facts, but we are too crowded for their consideration.

Eleventh Report of the Southern Ohio Lunatic Asylum at Dayton.

The State Asylum near Dayton is under the judicious care of Dr. Richard Gundry.

During the past year there have been under treatment 257 patients—of whom 53 were discharged cured.

The current expenses of the year amounted to $48,623,17. The general condition of this Institution is satisfactory, and its prosperity under the present management is gratifying.

Twenty-Third Annual Report of the New York State Lunatic Asylum at Utica.

Dr. John P. Gray is Superintendent of this Asylum, assisted by Drs. Cleveland, Kellogg and Shantz. From this report we glean a large amount of information of unusual interest, but we have not the space at present to incorporate it in this brief notice. The number of patients under treatment for the year, 920; of these there were discharged, recovered, 113

The entire expenditures for the year 1865 were $157,927,75. The New York Asylum at Utica has long been regarded as one of the most carefully managed Institutions in this country.

Annual Report of the Surgeon-General of Ohio for 1865.

We think Dr. Barr's report will be read by the people of Ohio with a great deal of interest. It gives not only a report of the Medico Military Transactions of our State for the past year, but to a considerable extent reviews the affairs pertaining to this Bureau for the whole period of the war. We find an interesting report of the Boards of Medical Examiners from 1861 up to the close of the rebellion. There is also included in this report a brief account of the transfer of the U. S. A. Hospital near Columbus—known as Tripler Hospital—to the State and its conversion into a State Soldiers' Home. We also find a large amount of exceedingly interesting matter, arranged in tabular form—of the medical appointments to the various regiments, the promotions, deaths, etc., together with a complete list of contract Surgeons appointed in the State.

In a professional view, perhaps, one of the most valuable tables is the report of casualties of the 3rd Division, 15th Army Corps, prepared by Surgeon H. Z. Gill, giving the name and rank of the wounded man, the character of the wound, the missile, the operation and the results.

Appended to the whole is a somewhat lengthy report of the microscopic investigations, etc., etc., of Prof. Salisbury, together with discovery of the "True Cause of Intermittent and Remittent Fevers," etc., etc. As we had a pretty good dose of this last year, we think it might have been omitted this time without any serious misfortune.

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Editor's Table.

The Fees in Medical Colleges—a Convention.—Since our brief notice of this subject in our last number, a call has been issued for a Convention of representatives of Medical Schools in the West, to meet in Cincinnati on Tuesday the 24th of April. Before this number of the *Lancet and Observer* reaches our readers, the deliberations of that Convention will have terminated, and we shall reserve any further comments on this matter, until we shall be able to lay its conclusions before the public. We have reason to hope that this Convention will be composed of a full representation of Western Colleges, and we trust there will be a disposition to fairly consider all the interests of medical teaching in a spirit of harmony and frankness. The April number of the *Chicago Medical Examiner* has just reached us, in which we regret to see a lengthy editorial rather looking to a forestalling of any proposed material advance in College fees. We know enough, however, of Prof. Davis and his associates to believe that after a full interchange ot all the material points bearing on these questions, they will cooperate in any uniform system of fees, or other requirements that may be agreed upon as best for the general interests of medical teaching.

The Cincinnati Academy of Medicine has appointed the following delegates to the meeting of the American Medical Association to convene at Baltimore May 1st. : Drs. Almy, Fries, White, Carroll, Gaff, Clendenin, Brown, Heighway and Wilson.

The Richmond Indiana Medical Society has appointed Drs. J. F. Hibberd and S. S. Boyd delegates, and Drs. McIntyre and Ferris alternates to the American Medical Association.

The same Society has appointed the following delegates to the next meeting of the Indiana State Medical Society in May : Drs. Kersey, Waring, Francisco, Pennington, Haughton, Hibberd, McIntyre, Boyd, Harriman and Johnson.

To Contributors.—The Proceedings of the Richmond Medical Society were received too late for this month. With regret we crowd it over for next issue. So too our regular letter from Baltimore. Papers are on file from Drs. Dutcher, Goldsberry, Evans and Erickson. Our friends will at the same time accept our thank their favors, and please exercise a good degree of patience.

New Journals are proposed as follows: Drs. Fenner, Brickell and Beard, assisted by Drs. Mitchell, Perry and Holt propose to establish in New Orleans a Quarterly Journal of Medicine, of two hundred pages quarterly: Terms $8.00 a year. To be known as the Southern Journal of the Medical Sciences. We anticipate for this enterprise a success worthy of the able names mentioned as its editorial staff.—— Our old journal *confrere*, Dr. W. K. Bowling, of Nashville, assisted by Prof. Eve, proposes to resuscitate the Nashville Journal of Medicine and Surgery, which had one of the largest circulations in the country previous to the war. It will contain eighty pages monthly, and be published at $5.00 a year, commencing with July 1st.—— And Dr. Joseph Jones, of Augusta, Ga., also proposes to revise the Southern Medical and Surgical Journal, formerly one of our most valued exchanges. It will also commence on July 1st, and be published monthly for $5.00 a year.

Personal.—Dr. D. S. Fisher, who has advertised a Location for Sale, wishes us to say that their point is now blessed with regular postal facilities, and his address is *Cedar Springs*, Harrison County, Indiana—*not* Corydon.

A Remarkable Case of Elephantiasis Arabum.—We have received from Mr. John Mountford, of Chicago, a photograph of Isaac Newton—a colored man of Columbus, Georgia, in whose person is a remarkable tumor of the penis and scrotum. We have seen accounts of this case in several of our exchanges. The size of this growth is described to be twenty-eight inches from the symphisis pubis to the preputial orifice. Sitting down, the transverse diameter is twenty-two inches—the antero posterior seven inches—the circumference fifty-two inches—weight of tumor sixtv pounds. Mr. Mountford has produced a very excellent and apparently exact photograph of this interesting case, copies of which he mails to any address for 30 cents each.

Personal—Prof. Williams.—Dr. Williams, Professor of Ophthalmology, etc., in the Miami Medical College, sailed on the 13th of April for Europe, to be absent during the summer. He will be present at the meeting of the Ophthalmological Congress, and generally devote himself to the interests of his specialty. He will return in time for his course of Lectures next Fall. Dr. A. D. Williams has just returned from Vienna, and in connection with Dr. Seeley, who has for some time past been Dr. Williams' assistant, will take charge of his office and business during his absence. Prof. Williams' old friends and patients may feel perfectly safe in the hands of Dr. Seeley and Dr. A. D. Williams.

State Medical Society.—We have received a letter from Dr. Hyatt of the Committee of Arrangements of the *Ohio State Medical Society* by which we are authorized to announce that the meeting will be held as by adjournment at the Ohio White Sulphur Springs *on the third Tuesday in June proximo.* We are further glad to state that the arrangements of the proprietors of that attractive watering place are such as to afford ample and agreeable accommodations to the members.

We beg leave to make the following suggestion: That members in the various sections of the State secure a special editorial notice of the approaching meeting in their leading County newspapers. A little concentrated effort of this kind would doubtless secure for us the largest meeting of the Society that has ever assembled.

The following Committees are expected to report:

Applications of the Microscope—D. W. Kinsman.
Military Surgery—Drs. Barr, McDermont and Gay.
Therapeutics of Zymotic Diseases—E. B. Stevens.
Obstetrics—Thad. A. Reamy.
Special Uterine Diseases—W. C. Hall.
Diseases of the Eye—E. Williams.
Surgery—N. Dalton.
Obituaries—W. P. Kincaid.
System of Public School Instruction—W. B. Davis, Chairman.

B. F. P'lmer—Artificial Limbs.—The terrible demand created by the war for artificial limbs has wonderfully stimulated their manufacture in this country, and whereas *before* the war very few inventors claimed serious competition with the Palmer's limbs—a number have sprung up more or less prominent, and a few reaching a goodly degree of consideration. After all, we fancy *Palmer continues to lead the race.* We have just received a pamphlet issued by the Palmer Artificial Limb Company, giving a variety of convenient information in regard to the plan of taking measurements—the best points for amputation—together with a vast amount of complimentary testimonials. We also observe in a recent issue of a Georgia Medical Journal, that these limbs are being again extensively introduced in the Southern States since the close of the war. By reference to our advertising department it will be seen that the Palmer agency in this city has been closed and that hereafter those desirous of these limbs will make application direct to the chief office in Philadelphia, where all needed instructions will be promptly afforded.

—— The Surgeon-General has had constructed a beautiful model of the Hicks United States Army General Hospital, at Baltimore, Md., which he designs to send to France, to be exhibited at the Paris Exposition of 1867. The model is of wood, and is made on the scale of one inch to twenty feet.—*Medical and Surgical Reporter.*

—— Dr. Joseph A. Phillips has resigned the post of Surgeon-General of Pennsylvania, and that post has been closed. Col. Phillips has been connected with the Pennsylvania troops in the field and this office since the commencement of the war, and he retires with the full confidence and esteem of the Government. He returns to Pittsburg to resume the practice of his profession.—*Ibid.*

Business Notices and Acknowledgments.

H. P. Throop is General Traveling Agent for the *Lancet and Observer.*

Dr. S. B. Conover, of Trenton, N. J., is our authorized agent.

ADVERTISEMENTS.

Several of our friends who were amongst the heavy sufferers by the late Opera House fire have already sprung from the ashes, and are ready to serve their customers. The enterprising head of the extensive Book Establishment of *R. W. Carroll & Co.* will about this time open in very convenient quarters at 117 West Fourth Street, near Race. *Wheeler & Wilson* are already open at No. 161 West Fourth Street. See their cards.

Our readers will also find several *new* advertisements, and some important changes. The feature of *Locations for Sale* is fast taking prominence in our columns under the proper head.

NEW BOOKS.

Roberts—Urinary and Renal Diseases. Henry C. Lea, Philadelphia, Publisher.

Williams, H. W. — Recent advances in Ophthalmic Science. Ticknor & Fields.

Thayer & Co.—Descriptive Catalogue of Fluid and Solid Extracts, etc.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Letter from A. D. Williams, M.D.

BERLIN, PRUSSIA, Jan. 27, 1866.

DEAR UNCLE:—Graefe has control of the only *eye clinic* in this city, and that is his private property. He delivers regular clinical lectures three times a week—on Monday, Wednesday and Friday. Each day not more than four or five patients are introduced, but he analyzes their diseases with wonderful exactness, and suggests the treatment indicated in the simplest and clearest manner. He speaks, however, very rapidly, and strangers especially have to give the strictest attention in order to understand him perfectly. In the afternoons of the same days, he attends his *ambulatorium*, which is very large and affords an abundance and a great variety of material for the study of diseases of the eye. Immediately after the ambulatorium, he performs his operations which average from ten to fifteen each clinic day. Only six students at a time, are admitted to witness these operations, and the classes come in on successive days in alphabetical order. As there are generally from seventy-five to one hundred students in attendance, the *turn* for each one does not come often, only about twice in a whole session. Strangers, and especially *foreigners*, are allowed the extra privilege of seeing these operations several days in succession. If they remain a length of time, however, they are expected to take their chances with the students in general. His clinical lectures are open to all.

As to the diseases of the eye here, so far as I have observed, the general remarks, made in a former letter in regard to the nature and causes of ophthalmic diseases in Austria, are applicable. In the peculiar habits of the people, one can see the *supposed* cause of the great frequency of cataract, here as there. *Aged* and *laboring* persons are its victims in particular. Trachoma—granulations—is much more frequent in Prussia than in Austria. The reason of this is not well understood. Scrofulous affections of the eye among children are also much rarer, probably because the people in general live better in northern than in southern Germany. It is likewise surprising to see the great number of people here who wear glasses. Among the *students*, almost without exception, it is *concave glasses*, and often very strong ones, that are used. Of the students, I should judge that nearly *one-third* are *myopic.* Why so many people in this country should be short-sighted, I can not understand. The general impression is that students and literary persons, usually of sedentary habits, are more subject to myopia, because they have always lived in cities, and habitually tax their accommodation for near objects, and seldom use their eyes for distant vision. In this prevalent opinion there may be some truth. Much reading or tension of accommodation for small objects, particularly if in a stooping position, undoubtedly predisposes to *sclerotico-choroiditis posterior,* which is vastly the most frequent cause of myopia. I have noticed too, that a large number of soldiers wear glasses.

But I wish especially to refer to cataracts, and to give you the details of von Graefe's method of removing them. The great frequency of this affection in Germany, as I have said before, enhances the interest attaching to such operations. The extreme importance of this subject is my apology for speaking of it so frequently. Graefe has lately introduced a *new method* of *extraction* which he calls "*the modified linear extraction.*" Since last June he has practiced this new operation exclusively, in all cases of adults where the cataract is hard, or even had a hard nucleus. In the last number of the Archiv fur Ophthalmologie, which has just appeared, he has devoted over a hundred pages to the consideration of cataract, with his new method. I do not propose to elucidate the subject to that extent, but will endeavor to give you a concise description of the *modus operandi* and the results. The patient lies on a sofa or couch, as usual. Chloroform may be administered or not as may be thought best by the operator, or desired by the patient. A strong wire speculum is introduced, which holds the lids wide apart. The eye is fixed with a forceps by fastening the conjunctiva near the lower margin of the cornea, and can be turned downwards or in any desired direction. When thus depressed and held by the forceps the eye is ready for the incision. The knife used is very small, varying from one to one and a quarter inches in length, and from one and a half to two lines in width at its widest part. The point is very fine and sharp, and passes almost without resistance through the cornea. The incision is made directly upwards, the eye of course being held in proper position. The sclerotica is punctured as far back as possible, so as still to enter the anterior chamber directly in front of the outer margin of the iris. The knife is now carried forwards in the direction of the centre of the dilated pupil, until it passes beyond that centre, when it is turned upwards close in front of the iris, on the opposite side, where the *counter*-puncture is effected, through the sclerotica. It is now held close to the anterior surface of the iris and by a gentle sawing motion the flap is completed. When the section of the sclerotica is accomplished, the edge of the knife is turned directly forwards so as not make too large a conjunctival flap. The length of the wound should embrace about one-third of the circumference of the eye, parallel with but behind the margin of the cornea. The conjunctival flap is now moved out of the way by gently laying it back with a pair of forceps toward the cornea. The iris generally prolapses and now lies perfectly naked in the wound. Simple iridectomy, in the usual, well known way, is next made, and must be large, extending from one end of the incision to the other. The large iridectomy facilitates very much the exit of the cataract, by making the opening through which it has to pass out freer. Now comes the incision of the anterior capsule which is done in a peculiar way. For this purpose, a common hook, slightly bent so as to facilitate its introduction into the anterior chamber, is used. It is passed in front of the lens till it comes nearly opposite the lower margin of the expanded pupil, when by rotation, the point is brought in contact with the capsule. Then by gently drawing it upwards and inwards, the capsule is divided entirely to the upper and inner margin of the lens, terminating at the edge of the artificial pupil. A second slit is now made, starting from the original point and terminating at the upper and outer margin of the cataract and the corresponding edge of the new pupil. In this way the capsule is opened in the form of a V with the base upwards, so that every possible obstacle to the escape of the cataractous lens, is removed. Now, how is the lens to be extracted? He makes use of a pretty large scoop, and bent at a more acute angle than that of Daviel, for convenience of manipulation. The posterior lip of the scleral wound is now pressed gently downwards and inwards, so as to bring it rather beneath the upper edge of the lens and thus allow the cataract to slip out. Should this not succeed he makes a "sliding maneuvre" from right to left, or *vice versa*, along the posterior lip from one end to the other, pressing it inwards at the same time, as much as is advisable. This simple movement frequently resulted in loosening the cataract and causing it to escape. If this in turn, does not succeed, he lays down the scoop, and takes a small hook made expressly for the purpose, and introduces it through the capsular opening at the upper margin, passes it carefully behind the lens but within the capsule, till it point reaches near the lower edge of the same. The hook, of course, introduced with the plane of the point parallel to the capsule, is now turned with the point forwards and pressed into the hard substance of the lens. By very *slight* traction the cataract is drawn out. It is to be supposed that one or the other of these three maneuvres, will be successful. Up to the present time I have not witnessed a single operation when they all failed. From my observations the hook will have to be used in about half the cases. As in all other operations for extraction, these manipulations must be made with gentleness and caution, and *never* in a hurry, or with force. These delicate precautions are necessary to avoid the rupture of the hyaloid membrane and escape of vitreous humor. After the hard nucleus is removed, the remaining soft cortical substance is induced to escape by gently rubbing the lower lid over the cornea a few times, from below upwards, as in ordinary flap extractions. The wound in the sclerotica is now cleared carefully of all particles of lens, or coagula of blood, so that the coaptation may be perfect. The flap of conjunctiva is now turned back into its natural position and nicely adapted with the forceps, so as to cover the wound in the sclerotica. The eye is at last closed, the orbital cavity filled up with charpie, and over this the usual bandage moderately tight, is applied. I should have mentioned before that the speculum and fixation forceps are removed immediately after the exit of the nucleus or bulb of the cataract. The patient is kept quietly in bed and free from all excitement, and not allowed to talk or chew anything hard. The diet is restricted to rather a minimum quantity of fluid articles, and the patient is not allowed to rise up unless it is absolutely necessary to answer the calls of nature. Some six or seven hours after the operation the eye is opened, the charpie replaced by fresh, and the bandage reapplied. The following day the bandage is taken off twice, and atropia instilled into the eye, and this is repeated each day. By keeping the eye bound up several days the possible springing of the wound is avoided, an accident by no means uncommon after flap extractions. Only one instance of this kind is reported, after the operation by Graefe's method. The operations are all made down stairs, so that the patients must rise and be led up two or three flights of stairs to their rooms. On an average patients are discharged, after the operation, in from ten to twelve days, and some even *inside of a week.* On the second day they are allowed to sit up if they wish. I see persons here who are operated on Friday, and on Monday are taken down to the lecture room to be presented to the class, and again walk up the stairs to their rooms. Such a thing would hardly be allowed within ten days after an ordinary extraction. The wound in the sclerotica heals by first intention, and in a remarkably short time. The conjunctival flap unites very soon, by means of its sub-conjunctival tissue to the episclera, and thus completely closes the wound in the sclerotica. A *cystoid cicatrix,* which occurs so often after iridectomy in glaucomatous eyes, has not yet been observed after this modified form of linear extraction. By cystoid cicatrix is meant those instances where the cut in the sclerotica does not heal, but allows the aqueous humor to escape through it under the conjunctiva that has united over it—thus forming a bladder or little cyst—hence the name. This form of cicatrization after iridectomy for glaucoma, is not owing to the fact that the *incision is made in the sclerotica.* The cause is to be sought in the nature of the disease, especially the unnatural tension of glaucomatous eyes, which predisposes to healing by such a process.

The reaction after Graefe's new method, is very inconsiderable indeed. The conjunctiva it is true, reddens smartly from the incision and the irritation produced by the fixation forceps, but the cornea and sclerotica only exceptionally, take on even a slight degree of inflammation. As a rule little or no pain follows the operation, and no constitutional disturbance. Some stress has been laid on the question as to who shall hold the forceps during the different stages of the operation. This I think, may be left to the option and convenience of the operator. He may fix the eye himself or entrust it to a safe and reliable assistant.

In the brief account which I have given of the "modified linear extraction"—a method that promises, sooner or later, to come into general use—I have confined myself to a statement of the different steps in the *normal* operation, and have avoided purely theoretical questions. Graefe in the article above cited, gives the results of sixty-nine cases operated by his method. Of these, none were completely lost. There were sixty-two perfect, and seven imperfect results. Among the latter were six who could see comparatively well, and two at the time of his writing, (Aug. 1865) stood a fair chance to get better vision without a second operation. Four will have to be operated on for secondary cataracts, an occurrence not at all uncommon after all cataract operations. In the seventh case, the sight was very imperfect, but there was a tolerable prospect of improvement by subsequent removal of the opaque capsule. Altogether, the results in these sixty-nine cases, were remarkably favorable, especially when we remember that the great majority of them were *hospital* patients, and were operated on during the very hot weather of the past summer. The rooms in the hospital are small, generally crowded, and the windows all curtained, so that ventilation is imperfect and the air becomes impure. All of these facts must be taken into consideration in endeavoring to form a fair judgment as to the merits or demerits of this method. I should state also that the cases were not *selected* but taken altogether as they presented themselves at the Clinic. Quite a number of them were very bad subjects for operations of any kind, on account of the very unfavorable condition of their general health.

I have heretofore spoken of *modified linear extraction* where every thing goes on regularly. But there are exceptional cases where *accidents* of different kinds occur. How best to prevent these, must be left in a great measure, to the judgment of the operator. Of the several possible contingencies referred to in Graefe's article, I can not enlarge. The most difficult part of the whole procedure is the introduction of the hook between the hard nucleus and the posterior capsule, without dislocating the lens on the one hand, or rupturing the capsule and causing escape of vitreous humor, on the other. The latter accident has happened with Graefe, about once in seven operations. In order to avoid these complications—fortunately not very frequent—the maneuvering with the hook must be executed with the utmost care and delicacy. Strict attention, in the mean time, must be given to the cataract itself, to see if it is *moved*, and if so, the direction of the hook must be changed, by elevating the handle. Should the hook be directed too far backwards, on the contrary, it it may lacerate the Zonula Zinii, the posterior capsule or hyaloid membrane. By pressing the handle the point may be brought more forward. If, in spite of all possible precautions, vitreous humors escape, then it is advised to introduce an appropriate scoop behind the lens and bring it out with as little *force* as possible. Should the cataract be dislocated, it must be replaced by means of a small hook, or an appropriate instrument of any kind, and then extracted in the ordinary way. The zone of Zinn may be ruptured by an incautious movement of the scissors in excising the iris, or the same accident may be produced by involuntary muscular contractions by the patient, during the operation. The administion of chloroform relaxes the muscles, ensures perfect quietness on the part of the patient, and thus facilitates the operation very materially. I see no good reason why its use should not constitute the rule, and the risk of these unpleasant accidents be, thereby, materially diminished. Among the predisposing causes of escape of vitreous disease of the zone of zinii, the hyaloid membrane and liquifaction of the corpus vitreum, are the most important. In order to avoid accidents and save the reputation of the operator, a careful and correct diagnosis of these conditions, must be made, and unfavorable prognosis foreshadowed. The comparatively frequent escape of vitreous, in this new method, may also be explained by the fact that the *peripherical position* of the incision favors that occurrence. Of the prolapsus of the iris nothing need be said as it is always excised. If the zonula appears in the wound so as to prevent proper coaptation and prompt healing, it is to be snipped off with the scissors, and the bandage applied immediately. Up to the present time, no case is reported where the hæmorrhage into the eye was profuse enough to disturb the steps of the operation. Should this occur, the progress of the extraction must be stopped for a few minutes, and charpie gently pressed upon the lids, corresponding to the incision, till the bleeding is checked. Then the blood may be removed from the anterior chamber, by rubbing the lower lid, with moderate pressure, from below upwards, over the surface of the cornea. A few strokes suffice to remove the small quantity of blood that collects there, in nearly every operation. The wounded iris, sclerotic and conjunctiva are probably the exclusive sources of the bleeding, though some think the blood comes mainly from the wounded canal of Schlemm. I have thus given briefly, the most important accidents that may arise during this operation. The gravest of all, is the loss of vitreous, and this should be scrupously avoided, when possible.

Before leaving the subject, I wish to enumerate the principal advantages of the modified linear, over the ordinary flap operation. First of all, it is *more successful*. The statistics of 1600 extractions reported by Graefe, show a complete loss of 7 per cent., where there were positively no chances for improvement afterwards. There were 10 per cent. of imperfect results, where the vision was very poor, and no chance of its being benefitted by an *after-operation*. Finally. 10 per cent in which secondary operations were necessary to restore the sight. The statistics of 900 cases reported *after the application of the bandage was introduced*, show a considerable improvement in the general result. Only 5 per cent was completely lost; (among private patients the success was still better) 11 per cent. imperfect results. Now according to the modified linear extraction, he has operated, up to the present time, in 170 cases, that is, he has extracted cataracts from that many eyes. Four eyes were lost, and from 8 to 10 were imperfect results. in a number of which however, better vision may, hereafter, be restored by different operations such as iridectomy and operations for secondary cataract. Among the 4 lost eyes, was one with synechia posterior from a severe previous attack of iritis, or perhaps irido-choroiditis. Another one of the failures was in a patient who had been confined in prison 20 years, and was weak, pale and almost *lifeless*. In the two remaining cases, there were some abnormal conditions which I do not remember, and which led to an unfavorable prognosis from the first. Generally speaking and including *all* the cases that were lost, the result will stand about as follows: In 100 extractions, 91 to 92 perfect results; 5 to 6 imperfect, among which a number may be restored to good sight by secondary operations and 2 to 3 completely lost. From these statistics we may conclude—1st, that by the most favorable results of the old flap extraction, we may count upon a loss of at least 5 per cent, (generally reckoned at 8 to 10 per cent of complete loss ;) 10 to 12 per cent imperfect successes, and about the same number where secondary operations are positively necessary. 2nd. In the modified linear extraction, we may count upon a complete loss of 2 to 3 per cent; 5 to 6 imperfect results; and very rarely are any secondary operations necessary. 3d. That there is a positive gain, in the complete losses, of from 2 to 3 per cent., and a much greater gain in the imperfect results and necessary secondary operations.

Again, the short duration of the healing process and the very little after treatment required, must be regarded among the very great advantages of the new method. In ordinary flap operations, the healing process and after treatment last about 3 weeks, on an average. In the new method, it is abridged to from 7 to 10 days. Since I have been here, I have seen patients who were discharged within a week, and indeed some who were discharged from the hospital 4 *days* after the operation. To-day (Monday) a patient was presented to the class, who was operated on last Friday and who was ready to be discharged with a good eye. Of course those who are discharged so early, are cautioned against exposure of themselves or of their eyes to dust, wind, bright lights, etc., etc.

Finally, the neat appearance of the eyes after this operation is very remarkable. As there is but little reaction, only very slight temporary redness occurs. The pupil is clear black and nearly natural, (as the iridectomy is covered by the upper lid) and the sight good in proportion. Sloughing of the cornea after this operation, so far as I emember, has not yet been observed. I might give further particulars in which the new is superior to the old method, but these are the most weighty. Graefe says his great anxiety in regard to the results of cataract operations has been removed by his experience in the modified linear extraction. No one can see his operations and extraordinary results without being very favorably impressed in favor of the new operation.

STRABISMUS HYPERMETROPICUS.

A little girl, six years old and in good health, was brought to Graefe's clinic on account of *periodical* convergent squinting. The deviation was only noticed when she would look closely at small objects, as in reading or telling the time of day on a watch. She squinted always in a very high degree and with the same eye. When playing and running around, her eyes were perfectly straight. On examination it was found that she was *hypermetropic*, in a marked degree. Convex glasses, No. 10 or 12 corrected the hyperopia, and with the glasses on, she did not squint at all in reading or fixing small objects. It is instructive and interesting to inquire into the reason of this phenomenon. What is the explanation? Being hyperopic her near point—that is the nearest point at which she could see plainly without straining her eyes excessively—lay at a comparatively great distance, say for instance at one foot. In order to see clearly at this point, she was compelled to exert the greater part of her accommodation. Now to see a small object still nearer, say at six inches, all her power of accommodation had to be strained to the utmost. But there is an associated action of accommodation, with *convergence* of the eyes; and physiological experiments have established the fact the *utmost exertion* of accommodation can only be commanded when the eyes *converge to the highest possible degree.* Hence to summon all her accommodative power, she was obliged to squint. Convergence and accommodation are very *intimately* connected in some way, so that the one can not be exerted without the other, at least within certain limits. The squinting was periodical, because she only needed to strain her accommodation when fixing small, near objects. A very interesting experiment confirmed the diagnosis in this case. A solution of the extract of calabar bean was dropped into the eyes and after it had contracted the pupils, she could read as long as she pleased *without squinting.* The physiological action of this substance is to cause a *spasm of accommodation.* This excited action of the ciliary muscle overcame temporarily the hyperopia and she did not need to converge the eye in order to see near objects. So soon as the effect of the bean passed off, the squinting, in reading returned. The glasses necessary to neutralize the hyperopia in this little girl, were advised, and with these the squint is relieved. That such persons, however young, should wear glasses, might seem questionable. But they must be unhesitatingly recommended. Her eyes are abnormal, and the deficiency in refraction can only be remedied by glasses, and there is nothing to contraindicate their use. With them, her eyes are only brought to the condition of emmetropia, which is natural. They were therefore prescribed in this case notwithstanding the patient was a mere child, in the hope that they will relieve the strabismus permanently. This highly interesting case shows several important things. 1st. That hypermetropia causes strabismus—always convergent—and how it does so. 2nd. That accommodation and convergence are dependent upon each other, at least within a certain range. 3rd. That calabar bean excites spasmodic action of accommodation, producing the same effect upon the physical condition of the eye, that is effected by the use of convex glasses 4th. That such glasses are necessary in strabismus hypermetropicus, and are a valuable remedy in the incipient, periodical stage. Their timely use may prevent the development of permanent convergent strabismus.

THE

CI[illegible]ATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

The Pre-Tubercular Stage of Pulmonary Tuberculosis.

A Lecture delivered in the Charity Hospital Medical College Cleveland, January 18, 1866.

BY PROF. A. P. DUTCHER, M.D.

THAT there is such a stage of this malady as the pre-tubercular, will not be denied by any one who regards phthisis as constitutional; that there are symptoms and physical signs indicative of this peculiar condition of the system, sufficiently marked to be of practical value, will not be so readily admitted. It is common with many practitioners to overlook the lesser symptoms of the constitutional disorder and seek those which belong to the local lesion, and if there be no evidence of this, they give a favorable prognosis, and dismiss the patient with some trifling prescription in no way calculated to meet the wants of his case. His disease is thus suffered to progress until the lungs become involved, and little if any benefit can be derived from medical treatment.

I am aware that the great majority of phthisical patients do not apply for advice until they have passed beyond the precursory stage of the disorder, and it is not very often that we have an opportunity of studying their symptoms at this early stage. But I am quite satisfied from my own experience that there are certain symptoms which belong to the pre-tubercular stage of this disease, that are commonly very manifest, and may lead to almost a positive diagnosis before the deposit of a single tubercle in the lungs.

But some may ask, What do you mean by the *pre-tubercular* stage of phthisis? Medical writers generally describe three stages of this disease, namely: the stage of deposit, the stage of softening, and the stage of expulsion. That which we now describe is that antecedent morbid condition of the general system which precedes the local development of tubercles; a state eminently characterized by some special degenerative changes in the blood, which renders it unfit for normal nutrition and maintenance of healthy action in the tissues of the body.

In some constitutions this blood dyscrasia is more marked than in others, so much so, that death will sometimes occur before the local lesion has made serious progress; every physician who has been much in the habit of making post-mortem examinations, must have seen cases of this description; the patient succumbs to the constitutional disorder. When this dyscrasia is very slight it will frequently produce derangements in the various organs of the body, which can not fail to attract the attention of every careful student of the laws that govern the human system in health and disease.

Let us now briefly consider

I.—THE GENERAL SYMPTOMS OF THE PRE-TUBERCULAR STAGE OF PULMONARY TUBERCULOSIS.

The symptoms of this stage of phthisis may be depicted as follows: The countenance is dejected; the eyes are dull; the lips have lost their cherry red, and when the cachexia is very decided, they incline to purple; the complexion is sallow; and the hair of the head is very dry. The pulse is accelerated and the respiration is hurried and very much increased in frequency by even moderate exertion. The appetite is variable; and the bowels frequently out of order, sometimes costive, but more frequently relaxed. In the latter instance there is commonly symptoms of indigestion, and the food, although taken in sufficient quantities, is imperfectly assimilated, consequently the muscles become flabby, the body emaciated slightly. Its weight in some cases is materially lessened, and the individual complains of a want of strength and ability to engage in any of the active pursuits of life.

The excretory functions are generally very imperfectly performed, with the exception of the skin which is more active than common, yielding an increased quantity of perspiration, which reduces the temperature of the body; hence the patient complains at times of chills, flashes of heat, cold hands and feet. They always require an extra amount of clothing to maintain a comfortable degree of warmth, and are very sensitive to changes in the weather. The urine is commonly scanty, and in most of the cases that have fallen under my notice, oxalate of lime was present, particularly where indigestion was a marked feature of the affection.

At this stage of the disorder, they sometimes complain of thirst, dryness, and a burning heat in the mouth and throat, with a feeling of soreness about the larynx, and the slightest external pressure in this region will excite coughing. On inspecting the throat, the tonsils will frequently be found slightly enlarged, and the mucous membrane of the pharynx very red and dry. In some instances the individual is troubled with aphthæ upon the tongue, cheeks, and lips; a sure sign of approaching phthisis in the adult, where it is habitual. In the great majority of cases, even at this early stage, Thompson's gingival margin will sometimes be clearly defined upon the gums—an outstanding sign of the tubercular cachexia. Although every other symptom of the disease may be absent, we need not hesitate a moment to pronounce the case tuberculosis if this streak is upon the gums. I could present a number of cases to prove the value of Thompson's gingival margins, as a means of diagnosis in this early stage of phthisis. The following case was one of special interest to me, as it occurred at a time when I was in doubt as to its value as a sign of the tubercular diathesis.

About ten years since, a young lady came to me for the purpose of having a tooth extracted. On examining her teeth, I found the gingival margin very clearly defined, both upon the gums of the upper and lower jaw. It was nearly three lines in breadth, and of a very bright red color. After extracting the tooth, I made some general inquiries in relation to her health, parentage and occupation. She said her health had always been good, that there was no phthisis in her family, and when at home was usually employed in doing light housework. She was of the nervo-sanguineous temperament, and presented the appearance of an individual in perfect health.

After she left, I observed to a professional friend, who was in the office at the time, that if there was any value to be attached to Thompson's gingival margin as a sign of phthisis, that young lady would some day fall a victim to the disease. This was in the spring of 1855. I saw no more of her until the fall of 1858. She had been gradually declining for six months, was very much emaciated, had confirmed hectic, and all the physical signs of extensive tubercular disease of both lungs. The streak upon the gums was very marked; but, instead of being brilliantly red, it was now a dark purple, inclining almost to black, a sure index of that state of the vital fluid which can not sustain the spark of life but a short time. She died four weeks after I saw her.

Patients in the pre-tubercular stage of phthisis, frequently complain of pain in the chest, and palpitation of the heart. The pain is usually neuralgic in its character, wandering from one locality to another, sometimes in the side, at others just under the sternum, then again between the shoulders or under the scapula, but never very intense. There is not unfrequently considerable tenderness along the dorsal vertebræ. The palpitation of the heart is ephemeral, and is commonly produced by sudden changes in the posture of the body or strong mental emotions. Several years since I attended a very intelligent lady who died with phthisis. She told me that the first symptom of failing health that she experienced, was a slight palpitation of the heart, while she was engaged in the performance of her usual domestic duties. At this stage of the affection the pulsation of the heart is more frequent than in health, and the reason for this is to be found in the deteriorated quality of the blood, thus imposing an extra burden upon the circulating organs to convey it to the ultimate tissue of the body. The nervous system is also very impressible, easily excited by the varying conditions of the mind and surrounding circumstances.

At this stage of the disease there is commonly slight cough, sometimes dry, but more frequently attended with expectoration. When the bronchial tubes are very much irritated or inflamed there will usually be copious expectoration. The prevailing character of the sputum is mucous; at first it may be glairy, and when dry will shine like silver. If the blood malady has made considerable progress, it will be slightly viscid, frothy, and faintly yellow, particularly in the morning. When examined by the microscope, it will be found to contain withered cells and shriveled nuclei, or I should have said the "*gaged cells,*" so accurately described by Dr. Hall in his excellent work on Thoracic Consumption. The presence of these cells in the expectoration, are highly indicative of approaching tubercular deposits in the lungs. They show very clearly that the blood is rapidly degenerating into that peculiar dyscrasia which must, if not corrected, ultimately lead to the development of pulmonary tuberculosis and all its destructive sequence.

Hæmoptysis is also a frequent symptom of this stage of phthisis. Some of our best writers on the Practice of Medicine tell us, that hæmoptysis does not commonly make its appearance in this disease, until tubercular deposits have actually formed in the lungs. But I have met with cases where it has occurred long before there was a single physical sign of the local disease.

I have had a woman under my care for more than ten years, who has the tubercular diathesis very clearly marked. She has a decided proclivity to phthisis pulmonalis, her father and mother having died with it. During the time mentioned, she has had several attacks of profuse hæmoptysis, but at no time has there been a single physical sign of the disease, excepting prolonged expiratory murmur, and that but recently. Her blood-making organs are very feeble, and her blood is deficient in its solid constituents; the bronchial mucous membrane delicate, and the depraved blood is freely exuded into the bronchia and hæmoptysis is the consequence. That she will ultimately fall a victim to pulmonary tuberculosis, I have not a doubt.

During the pre-tubercular stage of this disorder in females, the menses are usually scanty or suppressed, but not always so. I have known instances where they were very profuse, occurring at short intervals, exhausting the patient's strength very rapidly, and thus greatly adding to the tubercular cachexia. When the menses are suppressed the patient will sometimes be troubled with leucorrhœa, and its attendants pain in the back, limbs, and head, with bearing down pains in the lower part of the bowels, with frequent desire to micturition. The walls of the vagina will sometimes be found very much relaxed, and the uterus slightly prolapsed, and unless the physician is on his guard, he will be very apt to take all these symptoms as the mere expression of some local uterine derangement, while the great constitutional malady, which is the legitimate cause of all these difficulties, will pass unnoticed until the pulmonary organs have become hopelessly involved We do not believe that uterine disorders are ever the primary cause of tuberculosis, but they may, and indeed do, frequently hasten its development. And in females who have a marked proclivity to this malady, they may often be looked upon as symptoms of that disorder which will ultimately absorb every other.

Such are some of the more prominent symptoms that present themselves to our view in the pre-tubercular stage of phthisis pulmonalis. With one or two exceptions they are symptoms that are present in other diseases, and, therefore, can not be regarded as pathognomic of this. But in estimating their value, we must study them individually and collectively, placing each one in its proper relation with the other, they will present us with material, out of which we may construct the structure of a positive diagnosis, one that will stand the test of rigid scrutiny and practical experience.

II.—PHYSICAL SIGNS OF THE PRE-TUBERCULAR STAGE OF PULMONARY TUBERCULOSIS.

These are not so obvious as the general symptoms. Indeed, I question whether there be any reliable physical signs of this stage of the disease. Dr. Edward Smith, of London, who has done so much to advance our knowledge of phthisis, maintains that there are some physical signs of this early stage, which are quite indicative of the existence of the disease. In his new work, "Consumption, its Early and Remedial Stage," he tells us that at this early period, before a single tubercle has been deposited in the lungs, inspection shows a marked diminution in the movements of the chest. That this diminution is not confined to the summit or sides of the chest, but extends to all the movements of respiration. By this condition of the lungs the amount of air inspired is greatly lessened; hence the respiratory murmurs are more feeble. He considers that a diagnostic character of the weakened murmur which precedes the tubercular deposit, as compared with the weakness caused by general debility, consists in the fact that, in the latter case, the normal intensity of the murmur is brought out by breathing, while it is otherwise in the former case.

Dr. Smith says that "The feebleness of respiration is seen both in the ordinary and in forced respiration. In ordinary respiration, not only is the breath motion small, as it is also in chronic bronchitis, but the effort is feeble, and without that violence which is found in bronchitis. There appears to be not only lessened respiration, but less power to respire, as is evident to the most careless observer. In forced respiration it is, however, better marked, for it is much more difficult to train such a one than one in health to perform deep and slow respiration, both because the habit of shallow and feeble respiration prevents him from duly apprehending what is required and from his inability to inspire deeply. Such a person, when required to breathe deeply, performs quick and short acts of deep inspiration, analogous to the short action of a pair of hand bellows when suddenly snatched open, or suddenly pressed down. The deep and slow inspiration which alone would fill the bellows (to continue the illustration,) he does not easily apprehend and can not rapidly perform. This we believe to be in part due to a forgetfulness of the proper habit of breathing, from the long continuance of an abnormal mode of breathing, and partly to inability to perform what is required. Moreover, it very often occurs, that when such an one is taking a deep inspiration, the inspiratory muscles too often cease to act, and the chest suddenly falls to a certain extent, while he believes that he is still inspiring. This is not commonly seen in persons who are much enfeebled, and who, having led a very sedentary life, have not invoked the full power of the inspiratory muscles." . . . . "Feebleness and shallowness of the respiration are commonly associated, and we think that these two qualities must be taken together when considering their nature and effect, and that there is such a dependence of the one upon the other, that feeble breathing will induce shallow breathing." Both of these conditions Dr. Smith affirms exist in the pre-tubercular stage of phthisis."*

Dr. Austin Flint, whom we regard as good authority on all questions pertaining to percussion and auscultation, has very little confidence in these signs, as explained by Dr. Smith. In a review of "Consumption, its Early and Remedial Stages," published in the January number of the *American Journal of Medical Sciences*, 1863, p. 93, Dr. Flint says, "Diminished respiratory movements, lessened vital capacity, and enfeebled respiratory murmurs, express deviations, not from any fixed normal standard of health proper to each individual. There is a wide variation in these among different individuals in health. All who have given attention to examining healthy chests must be aware of this fact. To be able to judge any case, with respect to these signs, we must know the healthy standard in the person examined. This knowledge we seldom have, because persons in health do not present themselves for examination. The difficulty would not be nearly so great if the signs which have been mentioned were confined to a portion of the chest. We should then have the advantage of a comparison of the two sides. We confess we are unable to understand how the author can come to a conclusion respecting a general diminution of the breathing movements, of the amount of inspired air, and of the respiratory murmur, in individual cases, unless it has so happened that he is familiar with the patient's condition in these respects when in health."

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* Smith on Consumption, p. 71.

In a case like this where medical writers differ so widely in opinion, it is difficult to determine who is right. The only way that we can arrive at the truth, is to submit the whole matter to the test of practical examination. I am not aware that any one has yet attempted this, unless it be Dr. Smith, and he only in a very superficial way, if he has presented us with all of his materials in his book. I do not, perhaps, regard Dr. Smith's opinion of this subject as highly as I ought, for in this particular he is a medical adventurer, seeking to overthrow the present received doctrine of the origin of pulmonary tuberculosis, and establishing his own upon its ruins. He more than intimates that phthisis is a local disease originating in the feeble, or lessened action of the air cells. The air cells, he maintains, are of a very delicate organization, and highly endowed with nervous influence from the cerebro-spinal, excitor-motory and sympathetic system, and are extremely liable to their special diseases, particularly tuberculosis, which may soon follow their lessened action.

If there be lessened mobility, and diminution of the vesicular murmur, previous to the actual deposit of tubercles in the lungs, I must say that I have never been able to detect them. Neither can we for a moment subscribe to the theory, *that pulmonary tuberculosis originates in a lessened action of the air-cells.* It is a heresy ignored by the entire pathological teachings of the day. Tubercle is the offspring of depraved blood, rendered such by marked defects in some one or more of the primary assimilating organs. What the precise nature of this depravity is, and why it should so frequently produce such fearful mutations in the lungs, in preference to other organs of the body, I can not tell. Perhaps science will some day explain.

In this condition, however, we should not neglect to observe, that we have occasionally met with cases, where there were lessened action, diminished vesicular murmur, and prolonged expiratory murmur confined to but one side, where under proper treatment they have disappeared, and the patient has been restored to health. What the precise condition of the air-cells were that produced these physical signs, we can not positively say. But we have sometimes conjectured, that they possibly might have been produced by the presence of tubercular matter in the first stage of its deposit, and that by correcting the derangement in the assimilating organs, and improving the general condition of the system, it has been absorbed, and the lung restored to its normal state. The absorption of tubercular matter, before it becomes consolidated, is now admitted by some of our best writers on Pathology.

Dullness on percussion is also mentioned by some writers as a physical sign of this stage of the disease. But this is not in harmony with the general teachings of percussion. To have dullness sufficiently marked to be of any practical utility, there must always be more or less consolidation of the lung, either from pleuritic effusion, pneumonia, or tubercular deposits. The location of dullness on percussion mostly points out the nature and extent of the disorder; thus, if it is elicited at the summit of the chest on but one side, it is indicative of tubercular consolidation, when confined to the inferior portion it is generally a sign of pneumonia.

Dr. Smith says, that at this stage of the disorder the dullness is over the whole chest, and that it is owing to the absence of a full amount of air in the air-cells. This, he thinks, he has ascertained by a newly invented spirometer, which shows that the quantity of air admitted in the lungs, is much less per minute than in healthy persons, that in no small proportion of such persons the natural capacity of the chest is smaller from a contraction of that cavity in all its diameters, and that this contraction favors the deposit of tubercle in the lungs.

From my own experience I could not say that dullness on percussion is a physical sign of the pre-tubercular stage of phthisis. Neither could I say, that in a single instance, I have ever known simple contraction of the cavity of the chest, to be the cause of tubercular deposits in the lungs. Indeed, no modern writer of any standing on Pathology, considers mechanical compression of the lungs, by hypertrophy of the heart, effusion from the pleura, and the like causes as favoring the exudation of tubercular matter in the lungs. A simple want of expansion in the air-cells can never originate it. There must first be a constitutional dyscrasia. Then perhaps a contracted chest, and feeble action in the air-cells, may among other incidental things be a cause of this fell disease.

Auscultation and percussion, therefore, furnish us nothing that is reliable in making out a diagnosis of this early stage of phthisis. We must interrogate exclusively the general symptoms. That they are sufficiently conclusive, will be doubted by no one who has studied them with that attention their importance demand. Loss of flesh, hurried breathing, a rapid pulse, indigestion, hæmoptysis, expectoration containing "gaged cells," and Thompson's gingival margin, when grouped together, all point out with unerring precision the nature of the malady. The physician who can close his eyes against the threatened danger brought to light by these symptoms, and dismiss a patient with an indifferent prescription, is not a careful or wise practitioner of the healing art. This is the stage in which to strike a blow for the permanent eradication of the malady. If it now progress in spite of judicious treatment, it will inevitably prove fatal.

ARTICLE II

Inversion of the Uterus—Successful Reduction.

BY DR. J. M. EVANS, ASHRIDGE, OHIO.

March 9th, 1849.—Was called to see Mrs. Schill, a German lady, four years from Germany, could not talk English. Her youngest child was born while crossing the water. Through an interpreter I learned that she had been confined to the bed four weeks with a large tumor projecting from the vagina. On examination. found complete inversion of the uterus. It was dry and hot, with fissures or cracks; very sensitive to the touch. She was much reduced; pulse 110; night sweats;

loss of appetite; had slept but little; considerable cough. Her general appearance was very unfavorable. I directed the nurse to bathe the tumor during the night with warm milk and water, gave a half grain of morphine.

March 10th.—Found patient's pulse same; tumor soft; very sensitive; slept but little during the night. After oiling the hand, I made an effort to replace the tumor by grasping it with the hand; pain was very acute; was compelled to desist from the complaint of patient. After resting one hour, and having administered half a grain of morphine, made the attempt at replacement and succeeded in reducing the uterus to its proper place. In an hour after patient was more comfortable in body and mind. The case was unattended with any hæmorrhage from first to last. We immedietely applied a pad to the perineum, with suitable appliances to keep it to its place. Morphine and nitrate potash. Elixir vitriol, and some vegetable bitters constituted the principal treatment, with directions to keep the bed for two or three weeks.

March 11th.—Patient rested well; said she felt much better; pulse 100.

March 12th.—Complains of acute pain in the epigastrium; repeat the anodyne every two hours until pain is relieved.

March 13th.—Patient much better; pulse 90; is quite comfortable; clear of pain night sweats and cough; appetite good; hopeful that she will recover.

March 22nd.—Still improving; recovers rapidly from this forward. This woman is inclined to corpulence; good constitution.

Cause of Her Accident.—Her husband left home about the commencement of harvest, and Mrs. Schill harvested six acres of wheat, four of oats, and three of grass, cutting and hauling it in with the help of a small boy.

ARTICLE III.

Remarkable German Document on Protection against Cholera.

TRANSLATED BY J. S. UNZICKER, M.D., of CINCINNATI.

At the last appearance of the Cholera in 1849, the Government of Bavaria appointed a scientific Commission concerning the nature and spreading of the Cholera, and the means of protection against it. An effectual check has in fact been given to this disease. The Bavarian Sanitary Commission, after spending more than a year in research, reported through its chairman, the celebrated *Professor*, *Dr. Pettenkofer.* This report has given such important disclosures and is of such weighty interest to the subjection of the Cholera epidemic, that the Government of Bavaria immediately distributed the same in hundred thousands of circulars among the public. Perhaps no work ever created greater excitement and satisfaction than this document. With wonderful perseverance and with the greatest zeal was the Cholera pursued step by step. There is no place, no house, institute, village or city in Bavaria in which the Cholera was not anxiously guarded. Then further steps were taken. They pursued the nature and character of this marauder back to the years 1817–18–19 in India, according to the observation of James Jameson, and in 1848–49 in England, in conformity with the official report of the mortality of Cholera there. The surprising fact next became known that the course and nature of the Cholera epidemics in India, England, and of late in Bavaria, were exactly the same. The celebrated Professor Liebig had already prophesied that Wurzburg would never have a Cholera epidemic, and so in fact it was. Pettenkofer thinks that if this great scholar had read the reports of diseases in India and England, he would, setting aside his enlightened scientific discernment and knowledge, most certainly have come to the same conclusion, so clear and definite are the signs. The principal results that have been attained in this report, by means of hundreds of thousands of facts of the most convincing kind, may be comprised in the following:

1. There is really no Cholera-catching matter (contagion) in the common acceptation of the term; nevertheless the disease can be conveyed from one place to another.

2. The Cholera always takes its course in the direction of the natural passages of trade, (rivers, lakes, etc.)

3. The height of a place above or below the level of the sea, is not material to the reception of the disease.

4. The air contains no Cholera-catching matter, and the disease therefore does not follow the direction of the wind.

5. Just as little is it carried forward by or spread through water.

6. In return, the earth receives and develops the Cholera-catching matter from the excrements of Cholera patients.

7. The excrements of patients in privy-vaults, or stools generate the catching matter, and are the real cause of the same.

8. The gases that are developed by the decomposition of organic matter, and particularly of excrements, permeates the earth, rise to the surface, and become the causes of fevers and Cholera.

9. Not a single Cholera case was observed in Bavaria, the cause of which could not be traced back to this kind of infection.

10. The stools of persons that are infected, and are in the first stage of the disease, and especially of those who are already suffering from that diarrhœa, which is always the forerunner of the real Cholera, are more contagious than those of persons who have the Cholera as a disease.

11. The Cholera has always been brought to a place in which the epidemic never before appeared, by a sick person, and in fact its spread caused by means of the excrements of the same coming in contact with the earth. In no other way does this propagation take place. Direct contact with the patient, the inhalation of the air in the sick room, the washing of the corpse, yes, even the dissection of the same does not impart the disease.

12. Not every species of earth acts on the decomposing process in the same manner, and the spreading of the catching matter is therefore dependent upon the constitution of the soil on which the buildings have been erected. On rocky soil, granite or sandstone, the Cholera never becomes epidemical. In return, on clay or calcareous earth, or in general, in earth that keeps damp, the catching matter flourishes best.

13. The Cholera poison can be kept within a person for

from one to twenty-eight days before breaking out. This accounts for the spreading of Cholera to distant places.*

14. The disease is imparted to the tenants of a house, that have not been infected by direct contact, by sleeping in apartments to which the above named catching poison can come to.

15. To prevent farther infection and spreading, the close-stools must, before they are emptied, be made harmless, by an addition of sulphate of iron or green copperas dissolved in water. Chloride of lime does not suffice, because it only purifies the air, and does not destroy the Cholera poison.

16. Where strangers out of Cholera districts, stop, the vault ought to be cleaned at least once a week by an addition of sulphate of iron. The same ought to take place at all inns and hotels. In the different apartments of hospitals the air ought to be purified by papers, moistened with spirits of turpentine and exposed to the air, placed at different places.

17. The clothes of a patient, that have in the least degree been soiled by excrements, should not be washed or soaked, because the poison is often called forth and spread thereby in the most dangerous manner. It should invariably be burned in a stove that enters a flue.

18. There are no other means of preventing Cholera, or its spreading, than those which tend to render harmless the decomposition of the human excrements, and their being led off and removed in the best and safest manner.

Prof. Pettenkofer could only arrive at the above extraordinarily weighty results by the utmost exertion and continual activity, by circumspective reflection upon all circumstances and conditions, and only a man of science, as he is, could ever have solved so successfully such a problem. To show the satisfaction evinced at the results, we will state that a formal revolution has taken place in the construction, etc., of vaults, and that special manufactories for the making of earthen pipes, etc., have sprung up.

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*The quarantine for persons out of sickly or attacked places should not be less than twenty-three days. How many victims would thereby, also, be saved in America ?

ARTICLE IV.

Successful Removal of Seven Papillomata from the Larynx of one Individual.

By Dr. F. Gottstein, of Breslau (from the Berliner Woch. Klinik.)

BY G. BRUHL, M.D., CINCINNATI, O

In a previous number I gave the reasons why the laryngoscope was one of the most valuable additions to our exact means of diagnosis and treatment, and why physicians in general ought to become acquainted with its use. In this number I shall give the substance of a case of the successful removal of seven laryngeal papillomata from one individual, reported by Dr. Gottstein as an illustration of the ideas advanced.

The prominent features of the case are the large quantity of the morbid growths and their seat on the anterior wall of the larynx where operations are more difficult to be performed than on the posterior. The complete success of the operation is the best proof of the great achievements of laryngoscopic surgery. A lady, 42 years old, entirely free from any hereditary disposition to tubercular diathesis, suffered until nine years ago neither of disease of the lungs nor of the throat. After a severe cold, a dry cough and hoarseness set in, and continued for two years, when she became perfectly aphonic. No treatment was of any avail, neither medicines nor watering-places gave relief. The respiratory difficulty became insufferable, every motion caused dyspnœa. In spite of her healthy appearance, all physicians consulted diagnosticated either laryngeal or pulmonary phthisis, until finally one of them suspected a morbid growth within the larynx as the real cause of her troubles and sent her to Dr. Gottstein.

He found her perfectly aphonic, uttering the words with the greatest difficulty, perceptible only on the closest proximity; the respiration going on with the greatest effort, making even the performance of the lightest domestic duties impossible, the sleep interrupted by frequent suffocating attacks.

The laryngoscopic examination showed the cause of the respiratory obstacle and aphonia to be different excrescences, which from the left ventricular ligament downwards to the vocal cords more or less filled up the laryngeal cavity. The left ventricular band was much hypertrophied, and its margin occupied by two small white granular tumors (5x7 Mlmtr), the anterior one with the base on the posterior wall of the epiglottis. Higher up just above the union of the ventricular bands there was another tumor (6x10 Mlmtr.) The left vocal cord was invisible in consequence of these impediments, but when it, after the removal of them came in view, there appeared upon it two small elevations, the anterior one (3x3 Mlmtr), the posterior of the size of a millet seed. The right vocal cord was in the anterior third covered by an irregular pale pink granular excrescence (4x7 Mlmtr.) united with the posterior wall of the epiglottis. In the space between the vocal cords with the base on the anterior commissure of the same a tumor projected almost to the posterior wall of the larynx (4x14 Mlmtrs.) giving by its size and seat the greatest obstacle to breathing. It filled up the rima glottidis in such manner that the air could pass only through the posterior part, where it was smaller. Longitudinally movable it followed the current of inspiration and expiration in such a way as to be constantly in pendulum motion, when the patient uttered the sound *a*, the tumor would be wedged between the vocal cords and the sound be broken off. After the removal of this tumor another one was discovered on the margin of the right vocal cord (4x8 Mlmtrs) projecting into the lower part of the larynx.

The lady having consented to the extirpation of these morbid growths, the Doctor commenced on the 12th of June with the necessary preparations, by touching the affected parts with sponges and silver wire in order to blunt their sensitiveness, for half an hour every day; its illuminating apparatus he used Tobolds light condensor; as cutting instruments, a longitudinal and transverse knife, similar to those of Woltolini, properly curved, and at the end shaped like a vaccinating lancet.

On the 30th of June he commenced the operation. First he extirpated the tumor on the posterior wall of the epiglottis and on the same day that on the anterior margin of the left ventricular band. That night already the lady could sleep soundly, the first time for three years. The next day the sensitiveness of the larynx was so great, that cold applications had to be made and morphine to be given, to allay these untoward symptoms. In a few days, however, the doctor could go on with the operation and succeeded in extirpating all the tumors.

Three weeks after the removal, the lady's voice became louder and more distinct, and improved every day. When he saw her on the 7th of September, she had continued well, and assured him that she had not been so happy for years. She could perform her household duties again, slept well and enjoyed her life. Her voice had become almost perfectly natural and clear. The microscopical examination showed that these extirpated growths were papillomata.

Now if we take in consideration the long standing of the disease, its vehemence, which not alone deprived the patient of her voice, but which endangered her life by impeding the respiration, we surely may call the success a splendid one, and we can not overrate the importance of the laryngoscope as the only means of accomplishing such happy results.

ARTICLE V.

Treatment of Cholera—Continued.

BY ALEX. MCBRIDE, M.D., BEREA, O.

THE consideration of the treatment of Cholera upon the principles suggested in my article of last month naturally calls forth some reflections upon the entire subject of congestive diseases and also upon the prophylaxis of Cholera and the treatment of its incipient and febrile stages. Admitting, or not admitting all that may be said for or against its contagious or epidemic nature, and whatever may be claimed as its remote and exciting causes, what have we in Cholera but a congestive fever proper? and in the incipient stage what is the obvious condition of the organism else than one of rapid loss of tonicity of the capillaries—especially of the bowels? In those regions where malignant agues, *pernicious fevers*, as they are called, prevail, what does the physician consider to be his duty to his patient who is threatened with or has already had a chill? He at once and without loss of time proceeds to equalize the circulation and produce a tonic impression upon the entire vascular system by the most prompt and energetic means with which he is acquainted. I ask any one who has had experience in treating rapidly fatal congestive diseases—what do you now think of the plan of equalizing the circulation by the slow and uncertain process of mercurialization, or even to emulge the portal system by a little blue mass, followed by rhubarb? If any medical gentleman of much experience has not seen patients lost by such dallying, either by himself or others, he has been more fortunate than the writer. It is not a week since I saw a patient die by means of such inefficient treatment. I think men of experience will admit that the first thing we have to do where dangerous congestion is apprehended—for the time when the attack may supervene after premonition is always uncertain—is to proceed at once to effect a tonicity, a firm contractility of the vascular system, or at least produce such unusual dynamia that local determination will be impossible, and that this is to be done by such means as quinine, arsenic, muriate of iron, piper nigrum, guiac and opium, at a proper stage; also blistering and the internal use of cantharides.

Now wherein does Cholera differ in principle from the class of diseases above mentioned except in the single fact that its fatality most commonly results from a too copious relief of congestion by excessive discharge out of the system of the fluids of the body, and in those cases which die without discharge, in their extreme rapidity of engorgement, though this really is no difference in principle. Or, perhaps, it will place the idea more clearly before the mind to put the question thus: Wherein does the objective point of treatment in Cholera differ from the same point in congestive diseases generally, except in that it ordinarily approaches a fatal crisis more rapidly, and that its rapid fatality results from relief by evacuation of that mass of fluids which it is the object of treatment to diffuse throughout the system ?

It is not now my purpose to traverse the ground of the treatment of Cholera at large, trusting that my views in the main upon that subject have already been rendered clear, but to bring the reader's mind to dwell upon what I think may be justly presumed to be the resemblance of the state of the capillary system of the abdominal viscera in the incipient and pre-incipient stages of Cholera to the condition of the same, in corresponding stages of other congestive diseases.

The idea here advanced of the resemblance of Cholera to congestive diseases generally will, no doubt, appear extravagant to those who have in their minds the image of a material poison introduced and raging through the system, but the comparison should not excite surprise in those, even when it is remembered that there are many who yet suppose that ague and miasmatic diseases generally are caused and perpetuated by a material poison—the "malarial poison"—finding its way into and residing in the system. It is not three years since that idea was held, and is yet for aught I know, by a physician who has made somewhat of a figure in the State, and now holds a Professor's chair.* The supposition of that class of thinkers was, and is still, I presume, that quinine cured ague by its antidotal effect on the "malarial poison." They took no pains to explain how quinine performed its office in other asthenic diseases, nor how ague was cured by a variety of other agencies. Now I deny the existence of the inhering poison in either case. Let it be borne in mind that a material poison or agent, the cause of contagious or epidemic disease has never been isolated. It was attempted for three hundred years to cure syphilis by antidotes but no success was ever attained, and it is only within a very few years that the more intelligent surgeons have come to the conclusion that syphilis is to be treated on rational principles like disease generally. Then for lack of proof to the contrary, it comes to this: that neither by Chemistry, the microscope or other means has any peculiar agent or product been detected in connection with Cholera, that might be even a probable cause. This clearing up then may render it not extravagant to compare Cholera with ague.

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* I design here no allusion to Dr. Mitchel who discovered fungi apparently in communion with ague, nor to Dr. Salisbury who has amplified the subject.

Prophylaxis then, it might be inferred from the foregoing, consists in little or nothing else than maintaining a tonic state of the system, and this is to be accomplished mainly by maintaining a good state of digestion, by proper and sufficient clothing and by avoiding the debilitating effects of excessive labor, solar heat and the damps and chills of the night. This is about the whole briefly stated. I need not quote the large amount of authority in which it is conclusively shown that the poorly fed, poorly clad, poorly cared for and overworked of any community are those most prone to the attack of Cholera. This class are generally found also to live in the most unhealthy localities; and every physician knows that this same class are most obnoxious to congestive diseases, and to sun stroke. When it was the custom to treat intermittents with mercurial and other alteratives and urge a poor diet, the patients seldom or ever got well till favored by some kind of lucky accident. Now when mercury is discarded in the treatment of this disease, and quinine, arsenic and the like are used as auxiliaries to an abundant use of wheaten bread and beef, we have comparatively little trouble with our ague patients. Hence, I conclude a priori, that good diet, clothing, housing and freedom from toil and care are the best prophylactics of Cholera, as they are of disease generally.

I know not if it be good practice to recommend medicine to persons in good health, as preventives of disease. Quinine is extensively used in some parts of the country in the malarious season by persons in ordinary health to prevent ague, and this practice seems to be based upon experience, for in some regions, during some seasons, unless this is done, the population will be so laid down by ague that there will not be enough well to do the necessary labor. At all events, when a country or region is threatened with a general visitation of so alarming and fatal a disease as Cholera, it will be well at least for every person diligently to inquire whether he be in good health, especially whether he have any debilitating ailment, and every person found thus ailing should be recuperated upon principles of tonicity, but not with Cholera specifics: Rhubarb, quinine, iron, opium, arsenic and the like, are the kind of medicines most likely to be applicable, but during the epidemic constitution of Cholera even rhubarb as well as all other cathartics must be employed with great circumspection; and whoever prescribes arsenic should by no means forget the advice of Dr. Miner, of Connecticut, that opium should always be given in connection with it to ensure its best effects. Dr. Kirtland many years ago advised that as a general rule the *arsenical solution should always be accompanied with the same number of drops of laudanum.* Twenty years experience has taught me the excellence of this rule, and I mention it here particularly because I suppose it is from a want of general knowledge, or appreciation of it that arsenic is not more used for the treatment of atonic conditions of the system. Quinine will, no doubt, be the best medicine in many regions for those who should take medicine, and rhubarb with or without the accompaniment of quinine or some such tonic as pulverized columbo with a little soda, will, probably, be the best laxative.

Brandy and other distilled spirits are certainly not prophylactics, unless used with great moderation, for their excess causes debility and a tendency to congestion. Even good ale and pure wines, excellent tonics and stimulants as they are on proper occasions, are not to be recommended in indiscriminate quantities.

When an individual is attacked, during the prevalence of Cholera, with a diarrhœa or dysentery ever so slightly, no one can say that it is not the beginning of Cholera. The case requires attention; but it should be undertaken with due moderation. It will not answer when there is so much danger to say there is no danger in the case, for it has not a remote resemblance to Cholera. This would not be true, for every case of diarrhœa whatever has a resemblance to the commencement of most cases of Cholera, for they nearly all commence with a diarrhœa; and it is better to cure many scores of cases of diarrhœa unnecessarily than to lose one of our neighbors by means of a diarrhœa neglected.

Now when I say that mercury in bowel complaints is not necessary, either for its alterative or purgative effect, I do not speak ignorantly nor from prejudice, but with a full knowledge of the import of what I am saying, based upon a good deal of observation. Many years ago, I found that by using more opium and less mercury than most physicians, in the treatment of bowel affections, I met with very flattering success. A few years later I made the further observation that by using still more opium and no mercury, my success was better than before. But there can be no serious objection to using one-tenth of a grain of the proto chloride with each full dose of opium, provided that the opium should generally be in liberal quantity. If a purgative or laxative is deemed necessary in any case previous to the employment of opiates, a cautious dose of rhubarb and soda, or four to six drachms of castor oil with twenty drops of laudanum, will be all that is necessary generally; then follow on with liberal opiates and bland nutritious diet till semi-constipation is effected. Then purgatives will be more likely to be indicated in cases of a dysenteric character than in diarrhœa. If the diarrhœa is at all colliquative, or does not yield readily to opiates and a restricted diet, after duly considering the probability of a purgative being demanded to remove irritating matters, in cases where this has not already been done, the propriety of astringents should be considered. It is not always an easy point to determine whether the patient should be purged or not. It certainly is not desirable to give strong doses of opium and astringents in a case where the diarrhœa is perpetuated by irritating matters in the bowels, neither is it safe practice to give a purgative when the bowels are already being exhausted by a passive efflux. If the purgative has already been given, and the opiates do not arrest the discharge, the course is clear, proceed with the lead and opium; if no purgative has been given we will have to decide by the quality and quantity of the evacuation, and by the presence or absence of pain in the bowels. If after considering these points, it appears that the diarrhœa is kept up by irritating matters in the bowels, the oil and laudanum should be given previous to the lead, if not the acetate of lead should at once be added to the opium.

Should the diarrhœa be persistent from time to time, and become chronic or severe chronic, I think nothing will be more likely to do good than the arsenical solution suitably combined, and the formula which I have used with almost unbroken success in this and other forms of diarrhœa is the following: ℞ Sol. Potass. Arsenitis. Tinct. Opii, aa. flʒij.; Tinct. Piper Nigr., flʒjv. M. Dose, twenty to thirty drops three times per day, or every six hours. The regular meal or some form of food, should always be taken after this medicine, otherwise it will be liable to cause gastric pains. More opium may be added to this if deemed necessary. This is about the way in which I would treat incipient Cholera, or diarrhœas which it was feared might eventuate in Cholera, but as soon as it became apparent or strongly probable that the case was one of Cholera, I should not tamper, but proceed at once to employ the *prime remedy*, the drachm dose of the tincture of cantharides as before detailed; or the large blister to be removed in an hour, as the judgment or fancy of the presenter may dictate, for the difference can not be great at this stage. And I really should advise that the plaster be removed in an hour or thereabouts, for no good will come of making a blister over the entire abdomen, and the patient certainly would feel greatly annoyed to lie in bed a week or two for the healing of a blister merely as it would appear to him.

As Cholera has been called. and no doubt is a fever proper, taken in its entirety, the reader may inquire what effect will this highly stimulating mode have upon the febrile stage of the disease. To this I reply that if we succeed by this method of treatment or any other in arresting the disease in the incipient or choleric stage by effecting a state of tonic equilibrium of the vascular system there will, probably, be no febrile stage; and if the case, by reason of not being arrested in one of these stages, goes on to the stage of collapse, the only rational course still, with a view to preventing death or a dangerous and tedious fever, is to urge on the principle of dissipating the centric congestions. To accomplish this speedily, mercury is too feeble, arsenic is too slow, quinine is impotent and opium destructive, derivation and counter-irritation are rational in idea and perhaps somewhat effective, but why wait for the action of these slow and uncertain remedies when we have one which will in a few minutes act directly upon the capillaries and stimulate them to act.

But the febrile stage will sometimes follow the collapse, and concerning this a good deal might be said, but much is unnecessary. Nothing up to this date has shown this fever to be materially different from enteric fever. During some of its phases it has somewhat the appearance of typhus, but on the whole the general symptoms would lead any one unacquainted with the antecedents of a case to call it typhoid fever without the rose colored spots, for it does not appear that either these marks of enteric fever or the maculæ of typhus have been detected in this fever. The condition of the glandular and folicular apparatus of the intestines is similar but not identical with that found in enteric fever: its course is similar, but shorter, and its termination more often fatal, and I humbly suggest that it belongs to that class of fevers, embracing typhoid and the like, which I have placed in the class of Nitrogenous Fevers, (vide *Lancet and Observer*, January, 1864,) and consequently little or nothing should be done to disturb the repose of the liver, but proper efforts should be made to encourage, and if necessary, to excite the action of the kidneys. The same careful system of nourishing the patient which is so necessary in typhoid fever is applicable here, and more attention should be paid to furnishing drinks. Turpentine and other diuretics are not to be given as a matter of course, but what Dr. Wood has said about turpentine (Vol. 1, p. 357, 5th ed.) is applicable here. From what knowledge I have of the action of arsenic I should think this was eminently a stage of disease in which to use it, especially if diarrhœa attends, laudanum, of course, should accompany it.

Dr. Lyon who seems to have had considerable opportunity for observing the fever stage, offers no special suggestions concerning the treatment. If the case assumes a very typhus aspect and especially if the urine should continue to be suppressed or very scant, it would certainly be a proper case in which to give the moderate dose of cantharides, twenty drops of the tincture every three to six hours, and this dose increased or diminished according to circumstances. For treating fevers of this type in this way, we certainly have old and excellent authority; and even if the case should fall into a comatose condition, I should continue to use this remedy. Acetate of ammonia or acetate of potassa would probably be the best adjunct to this medicine for acting on the kidneys. There can be no objection to the conjoined use of arsenic and cantharides in such a case, both being given in conjunction with a proper amount and the salines above indicated.

ON THE SUCCESSFUL EMPLOYMENT OF SYRUP OF BELLADONNA, OPIUM, AND CHLOROFORM IN A CASE OF TRAUMATIC TETANUS.— In the case referred to it is admitted that no distinct conclusion can be drawn to the relative efficacy of the different medicines employed, although it is suggested that the result was chiefly due to the combination of opium with chloroform. The patient was a young man of good constitution, who had accidentally received a contused wound in his left hand by the discharge of a pistol loaded only with powder and wadding. The wound was treated by ordinary remedies, and was healing, when the patient caught cold and was seized with trismus, preceded by a little stiffness in the posterior cervical muscles; there was a very slight space between the jaws at the incisors. He was recommended to rest in bed, and to take syrup of belladonna in successive doses of a teaspoonful every two hours. After this treatment had been pursued for two or three days, it was found that the trismus was not increased, but there was stiffness in the dorsal and abdominal muscles, and chloroform was administered twice in the same day so as not to produce complete anæsthesia.—*British and Foreign Medico-Chirurgical Review.*

Commercial Hospital Reports.

Cases of Cerebral Disease.

Service of John A. Murphy, M D. Reported by Drs: J. C. Mackenzie, Resident Physician, and J. L. Cilley, Assistant Resident Physician.

Case of Acute Meningitis—Death.—James W., colored, Virginian, aged 23, admitted on the 11th of April. The patient was a delicate looking man and complained of being very weak. At the date of admission he was suffering with pneumonia and balanitis. He coughed a great deal at night, pulse 98, soft; appetite poor; bowels regular. He was put upon a mixture of syr. scillæ, syr. ipecac, and syr. morph. O. Upon this treatment he improved very much up to the evening of the 15th of April. The cough was then not so troublesome; he appeared to be cheerful; his appetite was improved, and he was gaining strength.

On the morning of the 16th, he was found to be perfectly unconscious, though not insensible, with hurried, sighing respiration; dilated and immovable pupils; a pulse of 80 in a minute, of moderate force and fullness; an extremely sensitive condition of the retina, so that when the eyelids were separated, he seemed to suffer a good deal of pain and moved his hands toward his head as if to remove the disturbing cause; his skin was moderately warm and covered with sweat; he lay on his back slightly inclined to the left side; he had passed his feces in the bed during the night; gr. each of calomel and aloes were administered and a sinapism was applied to the back of his neck; he became very restless during the day, and force was required to prevent his falling out of bed; the cathartics produced but one stool which was passed in bed; his mental condition remained unchanged; he vomited several times during the day; in the evening two drops of Croton oil were administered, which produced free evacuations during the night; he passed his urine quite freely.

On the morning of the 17th, his skin had become hot and dry; he was not so restless; respirations 49 in a minute and somewhat labored; pupils contracted and not affected by light; photophobia persisted; pulse was 112 more force and volume; he frequently gave utterance to groans. A sinapism was applied over the whole length of the spine, and allowed to remain on for half an hour without, however, having produced much rubefacient effect. Two grains of calomel were administered to him every three hours during the day. The patient remained in much the same condition until 7½ o'clock in the evening, when he died, never having recovered his consciousness.

Sectio Cadaveris nineteen hours after death.—Cadaveric rigidity well marked; not much emaciation; scalp slightly congested; vessels of the dura mater injected; arachnoid very much thickened at various points and distended by a greenish-yellow exudation, which was deposited between the convolutions; a similar deposit at the base of the brain, especially marked over the pons varolii. Upon opening the arachnoid a small quantity of a viscid transparent fluid escaped; brain substance softened; puncta vasculosa more numerous than in a healthy brain; ventricles filled with a fluid which was transparent above, but of an opaque yellow color and creamy consistence below; walls of the ventricles and choroid plexus, covered with a deposit of lymph; the greenish-yellow deposit beneath the arachnoid extended to the medulla oblongata, but was not found in the superior dorsam region of the spinal canal. Upon removing the brain, a considerable quantity of sanguino-purulent fluid was found in fossa of the skull. Extremely firm adhesions between the layers of the pleura of right side, none on left side; entire right lung in a state of grey hepatization, except a small extent of the anterior and posterior surfaces of lower lobe; left lung healthy; abdominal viscera healthy.

Case of Sanguineous Apoplexy—Death—Extravasation of Blood between the Dura Mater and Arachnoid.—John N., about 35 years of age, native of Ireland, clerk, admitted at 11 o'clock P. M., April 25th, 1866, of intemperate habits.

Symptoms on Admission.—He is in a state of profound coma, with rigid extremities, head and surface of trunk warm and extremities cold. There is divergent strabismus, with disparity in the size of the two pupils, the right one being dilated, the left contracted, and each insensible to light. Respirations are frequent, 50 per minute, and the inspirations stertorous. There is firm spasmodic contraction of the jaws, with flaccid buccinator muscles and lips, which are puffed out in expiration. Pulse frequent, 120 per minute, small and feeble.

Treatment.—He is ordered to have cold water applied to the head; four drops of Croton oil dropped upon the tongue; a stimulating enema; sinapisms to the abdomen and legs and hot bricks to the feet. To have his urine drawn off by catheter.

Progress of the Case.—In half an hour after admission, his pulse beat only 80 per minute, his extremities became warm and admitted of flexion, but there was no change in the manner of his breathing.

About 2 o'clock A. M. of the 26th inst. at intervals of five minutes, firm extension of the upper extremities took place. He could not be aroused from his coma; tracheal rales occurred. For one hour before his death there was marked lividity of the surface, and he died at 3 o'clock A. M.

Sectio Cadaveris twelve hours after death —Body well formed; no emaciation; considerable *rigor mortis.* No wound or contusion on the head. The dura mater of the right hemisphere was found distended by a layer of dark, but not firmly clotted blood, amounting to four ounces, extravasated between the dura mater and arachnoid. Slight extravasation of blood beneath the arachnoid. Injection of the superficial cerebral vessels of both hemispheres, substance of the brain healthy, a small quantity of transparent serum in the ventricles, slight injection of the vessels ramifying in the walls of the left ventricle, with several spots of ecchymosis. Injection of the vessels of the velum interposition. No other organs were examined.

Case of Abscesses in the Brain.—History.—John H., aged 23, a native of Ireland, tailor, admitted April 7th, 1866. As the patient's statements were quite contradictory, a connected history could not be obtained. He stated, however, that he had never been seriously ill till now; that about three weeks previous to his admission, he took a cold; that, since then about 12 o'clock every night, he has had a chill followed by fever; that during the day he has felt neither chilly nor feverish, but has had severe pains in his head, located anteriorly, extending from temple to temple. He states that his suffering has been so severe that he is "dead from the pain."

Symptoms on Admission.—A small framed and delicate looking man; very anæmic; heat of skin normal; nothing abnormal about the chest; pulse 72, slow, small, and weak; appetite wanting; thirst great; tongue moist and dry, covered in the centre with a white fur; bowels loose. Is ordered to take five grains of sulphate of quinine at 9, 10 and 11 o'clock P. M.

April 8th.—Has less headache, feels better, slept some and had no chill.

April 9th.—No change.

April 10th.—Continuance of pains in the head; poor appetite; bowels open. Is ordered a tonic of iron and bark.

April 11th.—Is very irascible, wishes to remain in bed, as his head aches severely, and trying to walk makes him so dizzy that he falls. At 8·45 P. M., well marked epileptiform convulsions are manifested. Just previous to their beginning he was noticed, by those near him, to draw the bed clothes up over his head.

April 12th.—He appears to be conscious, but is speechless. There exists inability to protrude the tongue, though he tries to do it.

6 P. M.—His semi-consciousness has continued all day. There is considerable confusion of intellect, but the difficulty of speech is not so great, as he can repeat words when put to him. He has eaten nothing all day, but to-night wishes some bread and milk for his supper.

April 13th.—Slept one hour last night, and headache is not so great; appetite is better; bowels costive Is ordered to be purged.

April 14th.—No change.

April 15th.—Headache still continues. Is to have a blister behind each ear.

April 16th.—Is but partially conscious and unmindful of what transpires around him. Every half hour through the night, he was noticed to scream out so piercingly, as to arouse those in the same ward. He refuses nourishment; has no control over his bladder and rectum.

April 17th.—No change. The treatment consists in the application of a blister to the nape of the neck, and purgatives.

April 18th.—Is comatose; answers no questions, though he seems to know that he is addressed; pupils dilated; pulse 120, quick, weak.

P. M.—He is wholly unconscious; lies in whatever position he is placed.

April 19th.—Death at 4 A. M.

Sectio Cadaveris twelve hours after death.—Firm post-mortem rigidity; complete rotation of the forearm in the arm; hands, fingers and feet firmly flexed; congestion of the dura mater. In the lateral portion of the left anterior lobe, was an abscess, having firm walls, about the size of a cherry. In the left side and posterior portion of the corpus callosum was a similar, but larger abscess. The lateral ventricle was distended with pus and serum. In the posterior portion of the septum lucidum was another abscess, and the lower and anterior portion of the septum destroyed. The fourth ventricle was filled with pus; its walls in a state of red softening; pus at the base of the brain. The other organs were not examined.

Medical Societies.

Proceedings of the Wayne Co., Indiana, Medical Society.

Reported by W. P. Waring, M.D., Secretary.

Richmond, April 5th, 1866.

The Society met and was called to order at the usual time, the President, Dr. V. Kersey, in the chair.

After the regular preliminary business of the meeting, the Censor's report was received, recommending for membership Dr. A. B. Bradbury, of Milton.

On motion of Dr. Hibberd, he was unanimously elected a member of the Society.

The annual report of the Recording Secretary shows an increased interest in the Society the past year, an addition of eight members to our number, and five more who have been elected to membership, but have not since been present to sign the Constitution, etc. Our list of members now contains twenty-one names. Reports by the various Committees the past year have been prompt and creditable.

The annual election next in order resulted in the selection of Dr. R. E. Haughton for President; Dr. Edwin Hadley, Vice President; W. P. Waring, Recording Secretary; Dr. J. R. Weist, Corresponding Secretary; Dr. J. F. Hibberd, Treasurer; and Drs. Pennington, J. R. Weist and W. W. Hobbs, Censors.

Dr. Robbins presented the name of Dr. Hosea Tilson, of Centerville, as an applicant for membership.

On motion of Dr. J. F. Hibberd, the Society adjourned until 1½ o'clock, P. M.

At the opening of the afternoon session, Miscellaneous Business being in order, Dr. Hibberd moved to appoint five delegates to attend the meeting of the State Medical Society. Dr. Kersey moved to amend, so as to make the number ten. The amendment was accepted, and the motion passed, and Drs. V. Kersey, W. P. Waring, L. J. Francisco, Joel Pennington, R. E. Haughton, J. F. Hibberd, John H. McIntyre, S. B.

Harriman, S. S. Boyd and L. R. Johnson were appointed said delegation.

On motion of Dr. Weist, Drs. J. F. Hibberd and S. S. Boyd were appointed to attend the next session of the American Medical Association, and Drs. John H. McIntyre and A. B. Ferris were appointed alternate delegates.

Next in order was reading an essay by Dr. J. R. Weist. Subject: *The Laryngoscope.* The origin of the instrument, its construction, mode of application, and its value in diagnosis and treatment, were well presented by the writer. After a somewhat liberal discussion and the practical application of the instrument, demonstrated on the person of the Essayist, enabling the members present to see further into the Doctor than they had ever done before.

On motion of Dr. Hibberd, the author was requested to prepare a copy of the paper for publication, and by the unanimous consent of the Society, he was authorized to make such revision of the paper as in his judgment shall seem advisable

Dr. W. W. Hobbs was appointed Essayist, and Dr. L. J. Francisco alternate.

The reading of a lengthy voluntary paper by Dr. R. E. Haughton next claimed the attention of the Society. The Doctor, in his liberality, announced that he would allow each member the privilege of giving a title to his paper after he should get through reading it. *Cell Pathology and the Repair of Broken Bones*, seemed to us as likely to fit it as any name we could condense into a small space. While adhering somewhat tenaciously to the doctrine of Cell Physiology and Pathology, the writer seems equally tenacious in adhering to the idea that the *Periosteum* should not have the credit of repairing or reproducing bone, but that *all the membranes and structures* involved in the *injury* take part in the repair of the bone. An animated discussion followed, in which a large proportion of the members present participated.

According to our rules, the paper is the property of the author, and will no doubt find a place in some of our journals.

Near the close of the session, Dougan Clark, M. P., recently of Indianapolis, now of *Earlham College*, presented a *highly* *creditable recommendation* from the Academy of Medicine of Indianapolis; in consideration of which and the well known standing of the Doctor in the profession, on motion of Dr. Harriman, the rules in regard to the reception of members were suspended, and Dr. Clark elected a member of this Society.

The Society then adjourned to meet the first Thursday in July.

The Cincinnati Academy of Medicine.

THOMAS CARROLL, M.D., PRESIDENT.
M. B. GRAFF, M.D., Secretary.

[Discussion on Cholera Continued.]

Dr. John Davis on the Prognosis and Treatment of Cholera.

Before properly proceeding to the discussion of the treatment of Cholera, it is necessary to examine the death-rates of this disease.

In India, at its first outbreak, in 1817–18, the proportion of deaths to the number of those attacked was fearful. But after a time there was a material diminution of the rates; owing, in part, to a gradual abatement of the severity of the cases; and, no doubt, also, to improved methods of treatment, for the report of the Medical Board at Bombay states, that of 1294 cases which received no aid, every one perished. And it is added, that no case is known to have recovered in which medicine had not been administered.

It is also gratifying to humanity to learn from the Madras Medical Board, that of 19,494 persons attacked in the army of that Presidency during the year 1818 and the four subsequent years, only 4,130 died, making a mortality of only 23½ per cent. This army numbered 10,112 Europeans and 73,254 natives. Some of the reports from India at this period, give still lower rates. Dr. Burrel, Surgeon of the Sixty-Fifth Regiment, at Seroor, states that of 60 cases he only lost 4; being but 6·6 per cent. of his cases; and Mr. Crow, at the same station, publishes a lower fatality still, stating that he has not found the disease unmanageable in more than one in a hundred of those early succored. The same writer, in the Bombay Reports, says that even in cases attended with violent spasms, he saved eighty-eight out of ninety cases.

I regret that I am not able to give the plan of treatment pursued by Dr. Burrel and Mr. Crow. But it is to be remembered that these happy results occurred in a well disciplined army where a reasonable regard to ventilation and cleanliness could be enforced. In civil life the attending circumstances are always different. This disease seeks the crowd; and in portions of every city the population is closely packed; every house, often, containing almost as many families as there are rooms; and the authorities have little power to relieve this condition. The amount of crowd poison present and the poverty of blood of the poorly fed invites the visitation of Cholera; and it is, therefore, not surprising that the death rates in cities are high. M. Moreau de Jonne's writes, that at Busheer, on the Persian Gulf, in 1821, a sixth part of the population died. And Mr. Rich states that at Bassora, in the same year, eighteen thousand died.

In Russia, at Moscow, the number attacked within the first three months after its first advent, in September, 1830, was 8,130; of which 4,385, or 54 per cent. perished. In the small town of Redislschelt, 4,385, or 54 per cent. died. In the district of Orenburg, however, the Russian physicians were more successful; the number attacked being 3,590; of which died 865; or about 24 1-10 per cent. But at Orenburg, the district having been menaced for years with the danger of the invasion of Cholera, the army surgeons and other authorities had placed this part of Russia in the best condition for receiving the attack.

In England, during the first visitation of this scourge, beginning in 1831, it appears, according to the estimates of Sir David Barry, that 38·5 per cent. of the Cholera patients died.

In America, of those attacked in large cities, as stated by Prof. Jackson, of Philadelphia, the mortality was as follows, viz.: In Quebec, 40 per cent.; Montreal, 40 per cent.; New York, 50 per cent.; and Philadelphia, 40 per cent.

New York, the largest city, had the heaviest proportion for the simple reason that the larger the city is, the greater is the amount of over-crowding.

The mortality from this pestilence both in Europe and America during its second visitation proved very much the same in ratio as before. Dr. Farr, the Registrar-General for England, estimated that little less than five millions of the people of the United Kingdom were attacked with Cholera and diarrhœa in the epidemics of 1848–9, and the succeeding three or four years during which that visitation lasted, and that a quarter of a million of these died. Considering that nearly all of the fatal cases of diarrhœa that occur during the prevalence of Cholera, are really cases of Cholera, we may safely reckon that almost the whole number of deaths stated by Dr. Farr were from this disease. Computing in this way, and making what I regard as a very liberal allowance for deaths from diarrhœa when Cholera in the usual form was not wide spread in those years, the proportion of deaths was about 25 per cent.

But if the examination of the death rates be confined to what obtained in cities, they will be found to be much higher. It is to be borne in mind, however, that the heavy proportion of mortality in cities is owing to the great number of deaths in the crowded parts. When Cholera prevails in a city, the circumstances are always about the same as in a vessel having the disease on board.

On the Atlanta, the England and the Virginia, the ships which have brought Cholera to our shores this spring, the steerage passengers suffered severely ; but not a case appeared among the cabin passengers. It is proper, also, to consider the fact, that in cities, the poor, who compose so large a number of the inhabitants, seldom send for a physician in this insiduous disease till the case is far advanced ; and even if the doctor is called early his efforts are frequently of little avail, owing to the inefficiency of the attendants.

It is to be remembered, too, that many Cholera patients die without having received medical aid ; from the impossibility, in a severe epidemic, of the physicians being able to visit all of the cases that occur.

Considering these facts, and the concurrent testimony from every direction in which Cholera prevails at this time, it appears that this disease is manageable in many instances, even in the severe stages, and that in the diarrhœal or initial stage it is almost always controllable.

Continuing the subject of the prognosis, it is generally thought that the proportionate mortality lessens gradually from the beginning of an epidemic to its end; and that other circumstances affect the probabilities of recovery. Young children, the feeble in constitution, the anæmic, the sick and the convalescent are regarded the most certain victims; the age of the greatest number of recoveries being from fifteen to twenty.

Treatment.—The management of this disease has been mostly empirical; and an examination of some of the different plans that have had reputation is likely to lead to a sense of surprise that so much success has been achieved.

In the care of most diseases the course is scientific; every step presenting a clear reason for its adoption. In typhoid fever, for example, chlorine is sometimes administered, in order that by its antiseptic virtues the poisonous cause may be destroyed; and muriated tincture of iron is given with the same object in the treatment of erysipelas.

But in the larger number of the modes that have been in vogue for the treatment of Cholera there is very little that is philosophical. One man, pursuing a given plan with his patients, and finding that many of them get well, hastily publishes his success, and thereby secures numerous followers. Dr. Ayre did thus; reporting 725 cases of this disease treated by small doses of calomel, administered very often; and of these 725 cases, 360 recovered. His course was, almost at once, extensively adopted both in Europe and America.

But Drs. Bayly and Gull, of the Cholera Committee of the English "College of Physicians and Surgeons" have called attention to the fact that recoveries of severe cases under other plans of treatment, in which no calomel was used, averaged from 45 to 55 per cent.; the higher number being above that of Dr. Ayre's rate, which was only a trifle over 50 per cent.

In the western part of our country many practitioners, following the lead of Dr. Cook, of Lexington, Kentucky, placed reliance on the frequent administration of immense quantities of calomel. It appears, too, that this practice was for a time tried in Europe, an ounce or more being given within twenty-four hours. But now this course is almost without advocates.

As to dependence on calomel alone, either in small or large quantities, so well satisfied are the great majority of the enlightened portion of our profession of its failure, that they discard its use almost entirely in this disease. Of the distinguished writers on Practice, who take this view, Dr. Aitken and Dr. Tanner are instances; and, in our own country, the just published work on the Practice of Medicine, by Dr. Flint, does not so much as name calomel in the advice given as to the treatment of Cholera. So far from calomel alone having proved sufficient for this disease, it is true, as Dr. Aitken states, that persons have been seized, and have died, while under the full influence of mercury.

Dr. George Johnson used castor oil in the treatment of Cholera; and he made so fair a display in his statement of the results, that the English Board of Health were induced to make an examination of the merits of the plan; and their report made on the 24th of September, 1854, is as follows: "that from the details which have been carefully investigated by the Committee, it appears that in 89 cases of Cholera, 68 proved fatal," showing that there is small probability of recovery with the castor oil plan."

Dr. Tanner, in his recently issued edition of his work on the Practice of Medicine, says that he regards the following as the only scientific treatment which has been proposed, viz.: the injection into the veins of a solution composed as follows: ℞ Muriate of soda, ℥ss.; Sesqui chloride of soda, ℈iv.; Water, at a temperature of 105 to 120 degrees Fahr., ten pints.

But experiments made by Dr. Mackintosh in the Drummond Street Hospital, Edinburgh, with these injections have proved that they are useless. At first there was a seeming improvement in the condition of the patients; but it did not last. Of 156 patients thus treated at the Drummond Street Hospital, only twenty-five survived; and some of these were still sick when the report was published.

The empirical methods having all failed, European practitioners almost universally direct their endeavors to checking the diarrhœa and to meeting other difficulties as they occur.

As a sample of their present course, I present the following, which is recommended by the British Board of Health under the name of "Cholera Mixture," viz.: ℞ Pulv. aromat., ʒiij.; Tinct. catechu, f. ʒx; Tinct. cardam. comp., f. ʒvj.; Misturæ cretæ prep., f. ℥xx. M. Dose, an ounce. In obstinate cases, tincture of kino is added, or a decoction of logwood.

To promote reaction, the following formula has met with general approval in England; and so highly is it valued that it is ordered to be always in store in "The Medical Field Companion." It is composed as follows, viz.: ℞ Ol. anisi; Ol. cajeput; Ol. juniper, aa. ʒss.; Aether, ℥ss.; Tinct. cinnamon, ℥ij.; Liquor. acid. Halleri, ʒss. Mix. Sig.: Give ten drops every quarter of an hour in a tablespoonful of water. The liquor or elixir of Haller consists of one part of concentrated sulphuric acid to three parts of rectified spirits.

The first preparation is very mild, and the second does not possess much increase of virtues. Yet these simple means are found to prove very successful, notwithstanding that we are often compelled to resort to more potent means to arrest severe forms of common diarrhœa.

This course has the merit of being scientific as far as it extends. But there is room left to inquire, whether we can not go still farther in the formation of a philosophical plan of treatment, and whether there is any way by which we can arrest the action of the remote cause of the disease? To determine a proper answer to this query in full, it is necessary to determine the precise nature of the agent producing Cholera. But with our present knowledge we are not able to say positively what this is. In the course of the present discussion of the subject of Cholera in this Academy, I gave my views concerning the cause of Cholera in a little paper. And I shall now only requote a few passages from Dr. Aitken, which are as follows, viz.: "The doctrine now, therefore, uni versally accepted regarding the pathology of Cholera is, that a poison has been absorbed and infects the blood; that after a longer or shorter time it produces a primary disease of the blood; that it undergoes enormous multiplication in the living body of the Cholera patient as a result of the morbid process so established, and changes are induced in the function of respiration directly consequent upon this alteration of the blood."

Cholera, as thus stated, being considered a zymotic affection, the suggestion arises, that means which have proved efficacious in controlling the action of blood poison in other zymotic diseases may prove equally effective in this. But in this direction we know of very few experiments having been made. Dr. C. Black, of London, states, in the December number of the *London Lancet* of 1859, that in what he calls English Cholera, that is, Cholera morbus, as I suppose, he used frequent doses of Fowler's Solution of arsenic with success; and he thinks that this course may answer for epidemic Cholera. No reports are as yet published of the use of the sulphite of lime or soda, though much is claimed for them in other zymotic affections. It may be that they may prove efficacious in this malady. But thus far their virtues, even in typhoid fever, are not so well established as to warrant our reliance upon them in fully developed Cholera. Experiments as to their utility may, however, be safely made in the early stages of this disease, or even late in the mild forms. The *post-mortem* changes do not throw any light on the subject of treatment that is not supplied by the manifestations presenting during life.

I judge, therefore, that as yet, we are safest in seeking in the symptoms of this disease for guides for its management. Examining the course of the malady, it is very often found that its attacks are preceded by laxity of the bowels corresponding to ordinary diarrhœa, the stools not being white nor rice water in character. We are not warranted in pronouncing such cases Cholera; for, during the epidemic prevalence of this pestilence, perhaps a large part of the population are thus troubled, and though many of them take no medicine, they escape any serious illness. This kind of diarrhœa the French have named Cholerine ; but inasmuch as Dr. Farr has applied this word as a term for the zymotic cause of Cholera, it is less likely to cause confusion if we confine ourselves to the use of the old name Diarrhœa for this condition. The indications for its treatment are simply to use ordinary astringents.

When, however, the discharges assume the rice water form, or are white and copious, we are warranted in concluding that Cholera is present. Dr. Drake, in one of his letters to the public, in the early part of 1849, very emphatically declared, that when this character of stools appears, it is just as sure that Cholera is present as that your house is on fire when as yet only a few shingles are burning. Yet the course taken by many regular physicians in this city was to consider nothing as Cholera that did not run through all of the stages of the disease, including collapse, and often even death. When a city ordinance required a statement for the public from each practitioner of the number treated and the results, one estimable and excellent physician, holding the views to which I have referred, reported four cases and four deaths. So strong was the disposition among regular physicians to attach odium to any report of success at that time, that I declined making any return concerning my own cases.

Rice water, diarrhœa, or diarrhœa presenting copious whitish stools, appearing when Cholera is epidemic, being regarded by all of the writers as sufficiently evincing the presence of the malady, it is our duty to acquiesce in this conclusion.

These discharges manifest the absence of bile and that we need something that will cause this secretion to flow into the intestines, and for this purpose no agent is so powerful as calomel. And our experience teaches us that even in common diarrhœa attended with whitish discharges, and particularly in the case of young children having this kind of evacuations we are very slow and uncertain in arriving at success, except when we combine a limited amount of this agent with our other means.

Another indication is to control the diarrhœa by the administration of astringents in company with the calomel.

Pursuing our investigations, we find that an essential feature of the disease is the more or less rapid failure of the capillary circulation, and to counteract this tendency no medicines are so effective as piperine or capsicum. They determine more to the surface than any other stimulants that have not otherwise a mischievous action in the condition of a Cholera patient. So active are they that a well person taking a full dose of either is hot all over, often in a few minutes.

As the attack advances vomiting, intense thirst and suppression of urine occur, accompanied with violent cramps in the limbs; and if the attack is not controlled, collapse and death follow.

Such is the general description of the disease, but the cases considered individually very often present minor difficulties which require attention almost as much as the graver symptoms.

My course upon meeting with a case of Asiatic Cholera of the ordinary form was to administer something amounting to the following, viz.: ℞ Calomel, grs. x.; Gum kino, grs. xx.; Piperine, grs. x.; Prep. chalk, ʒj. Mix and divide into ten parts. One of these powders to be given every ten minutes or even only every three hours, according to the condition of the patient.

Instead of this formula I frequently used the following, viz: ℞ Blue mass, ℈j.; Tannin, ℈ij.; Piperine, ℈j. Mix and make into twenty pills. One of these to be taken every five or ten minutes, or only one every two or three hours.

For the vomiting I ordered mustard poultices over the stomach, and when this did not suffice I prescribed the following preparation for internal use, viz.: R Creosote, gtt. ss. (half of a drop); Chloroform, f ʒss. to f. ʒj,; Simple syrup, f. ℥ss.; Peppermint water, f. ℥jss. Mix. A teaspoonful of this to be given every ten or twenty minutes while the vomiting continued.

Notwithstanding the intense thirst I forbade the use of water except in tablespoonful measures sparingly supplied, having found that in larger quantities it was immediately vomited. I however allowed small pieces of ice to be kept in the mouth; and I gave water liberally after the vomiting had ceased.

As to the mercury in the foregoing prescriptions, I discontinued its use as soon as the stools were darkened in color, or the diarrhœa was arrested. My observations led me to conclude that the further administration of mercury tended to the establishment of dysentery and attending fever. When diarrhœa persisted and the discharges were of a darkened color omitting the calomel or blue mass, I continued the other parts of the treatment; and when the diarrhœa was checked, I left off the astringents, continuing the use of the stimulant till reaction was fully re-established, and often combining a grain of quinine with each dose of the stimulant. In some instances I used Huxham's tincture of barks or some preparation of iron instead of the quinine, as a tonic.

Soon after the appearance of reaction, the kidneys usually resume the performance of their function; and there was seldom any occasion for a resort to diuretics. The plenteous supply of water, administered as soon as the patient was able to retain it, almost always sufficed.

This was my general plan of treatment. For the lesser troubles that often attended I ordered as the circumstances seemed to demand. Opium or brandy I did not prescribe, except in special cases; and then only when the attack was in an early stage, owing to the fact of what I saw myself and the testimony of some of the highest authorities that their use tends to increase the danger of the occurrence of fever and cerebral difficulties when the patient has survived the first stage. Blistering with cantharides over the epigastrium was in 1832 extensively practiced in Europe; but the little benefit of it was so manifest that no systematic writer now recommends it.

Frictions I discountenanced, inasmuch as they increase the alarm of the sick and excite the minds of his attendants, without producing any benefit adequate to compensate for their evil effects. And this course I also pursued with everything else that was likely to add to the fears of the sufferer.

I wish I were able to state the proportion of recoveries under the plan which I pursued; but I know that recovery was so frequent that even when called to a severe case, I expected him to get well. Even a large number of my collapsed cases survived. And I may add, that the great majority of my patients got well in a very few days without having passed through a stage of fever, or had any cerebral disturbance.

My field of observation during the invasion of 1849 was extensive, as many of you know. My office was in the crowded German portion of our city, where every physician had more calls to visit persons stricken with this disease than even with the utmost taxing of his physical powers, he was able to attend.

CONTRACTILE CELLS IN THE PUS OF PRIMARY SYPHILITIC PUSTULES.—Dr. Szabudpoldy, of Pesth, punctured two of these pustules which had formed within a few hours on the glans penis; they were small, transparent, itching, and surrounded by a bright areola. The contents of each, with a power of 300–350 diameters, were found to be composed, to about a third part, of cells rounded or with various prolongations. The latter were seen to change form; the rounded became oval, and the appendages appeared and disappeared. In some they became so numerous that one might have thought them ciliated. Some resembled the cells of cancerous tumors, but of these some were larger and their contours paler. A molecular movement was observed in the contents of many of the cells. In three or four minutes the movements observed in the different elements slackened.—*Archives Generales de Medecine*, Nov., 1864, p. 611.

Correspondence.

Letter from Baltimore.

BALTIMORE, MD., April, 1866.

IT can be said of Maryland, that the Faculty of Medicine, so far as the elevation of the standard of medical education among its votaries is concerned, has sadly degenerated. Once the Chirurgical Society of Maryland possessed a large, well selected and useful library, and bore upon its rolls of membership the following honored names: Davidge, Baker, Alexander, McDowell, Jennings and others, who ever proved an ornament to the State and a credit to the conductors. Then its meetings were well attended, able papers were presented and read for the instruction of its members, and its able debates on medical topics elicited the profound interest of every true lover of the divine art. But now the building in which this body used to meet, is closed from month to month, and the books and papers, valuable as they are, are covered with dust, and completely smothered in cobwebs; and the only living thing that approaches them is the moth and spider; and whenever the Faculty is convened, but a bare quorum can be collected together for the transaction of *grave* as well as ordinary business. It is painful to refer to this decline, especially when we compare Maryland with her Sister States. In Massachusetts, New York, Pennsylvania and other Northern and Western States, the annual meetings are completely thronged by active members, and day after day devoted to the perusal and discussion of medical topics, many of which are collected and published for the benefit of the Profession at large. Well may the Faculty of other States blush for Maryland—her lethargy is not yet broken! But I understand we are to have a new building, and that this institution is to be moved from its old building, and transferred to the new. If it be true, we should have a new and efficient medical organization, one which will reflect lustre on the city as well as State, elevate the standard of medical education, and confer untold benefit upon the entire community. So mote it be.

Not long since a number of the friends and admirers of the skill of Dr. M. N. Donavin, a graduate of the University of Maryland at the last Commencement, anxious to exhibit to him an evidence of their regard, presented him with two sets of surgical instruments, stomach pump, etc. The entire movement was originated and consummated without his knowledge, until he was amid the company who had contributed to the compliment. The presentation took place in the house of George R. Berry, Esq., to which Dr. Donavin had been previously invited. Edward Thomas, Esq., made the presentation speech, conveying, in appropriate language, the feelings of the gentlemen who had interested themselves in the matter. Dr. Donavin responded. Mr. Berry had previously prepared refreshments, and after the ceremony was over, the company spent an hour in a most agreeable and pleasant manner.

I am pained to chronicle the death of James L. Owens, one of Maryland's best medical men. He was born and educated at Georgetown, D. C. He studied medicine, and after graduating at the University of Maryland, removed to West River, Anne Arundel Co., Md., and soon acquired an extended and lucrative practice. He represented Anne Arundel County in the House of Delegates in the years 1839, 1841, 1842 and 1847, and was Treasurer of the State in 1843, 1852 and 1853. In 1857 he was appointed Deputy Collector of the port of Baltimore, and continued therein until 1861. He was a leading member of the Legislature, a prompt and pleasing debater, and he filled the office of Treasurer and Deputy Collector with ability and fidelity. The most prominent act of his public life was his report while State Treasurer, in 1843, in opposition to the rising spirit of repudiation, and demonstrating the ability of the State to discharge its financial obligations. The death of Dr. Owens will occasion much regret among a large circle of friends. Also Basil P. Gordon, a graduate of the University of Maryland. He was a young man, possessing excellent traits of character, and a large number of friends regrets his early doom.

We have a Medical Association recently organized, for mutual benefit, under the title of the "Baltimore Medical Association," and on Thursday evening, March 29, elected officers as follows: President, Gerard E. Morgan; Vice Presidents, J. H. Curry and George W. Fay; Corresponding Secretary, H. G. Small; Recording Secretary, J. W. P. Bates; Treasurer, John Neff; Committee of Honor, C. H. Jones, Thomas Helsby and E. G. Waters; Committee on Lectures and Discussions, F. S. Coskery, George Dare aud A. W. Colburn. This Association, it is hoped, will be of benefit to the Faculty of Baltimore. HENRY J. HOWARD.

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CHOLERA.—It would be impossible in the space allotted to this report to give notices of all the memoirs and observation on the subject of Cholera with which foreign journals teem. This is the less to be regretted as they add but little to our knowledge of the subject. We select, however, the following: "Cholerine considered as the period of incubation of Cholera." Under this title M. Jules Guerin has republished with some additions a memoir, which first appeared in 1837. The following are the conclusions at which he arrives:

1. That Cholera, such as is described by most authors, is constantly preceded by a period of incubation; which he was the first to describe and to which he gave the name of Cholerine. 2. That this period, which lasts from two to eight days, consists of a slight diarrhœa with a feeling of general malaise, with a tendency to cold perspiration and fainting. 3. That this group of symptoms is due to the epidemic cause; and is the first degree of true Cholera. 4. That this first degree left to itself in places where epidemic Cholera reigns, is almost always susceptible of conversion into grave Cholera. 5. That the means, *par excellence*, to prevent this conversion are the complete suspension of every species of alimentation from the appearance of the first symptoms of cholerine, and where this precaution has not been sufficiently observed, the use of an emetic of ipecacuanha.—*Gazette Medicale de Paris*, Nov. 4

Reviews and Notices.

The Malformations, Diseases, and Injuries of the Fingers and Toes, and their surgical treatment. By Thomas Annandale, F R.C.S., Edinburgh. Lecturer on Surgery, etc., etc. Philadelphia: J. B. Lippincott & Co. 1866.

This monograph is the Jacksonian Prize Essay for 1864, revised with additions. It was printed in Edinburgh, and imported and issued by J. B. Lippincott & Co., of Philadelphia. The work is gotten up in good style, making a neat octavo volume of 292 pages, printed on good paper, with a clear and distinct text, a great desideratum for professional men, who generally have to do most of their reading at night. The work is illustrated by twelve well executed plates, done in London.

The first seventy pages of the work are appropriated to the consideration of the "Congenital Affections of the Digits." Under this head many curious and interesting cases of malformation of, and supernumerary fingers and toes, are described.

Inflammatory diseases of the fingers and toes—paronychia, or whitlow—are described in the second chapter, under three heads, viz.: 1st. Acute inflammation affecting the skin and areolar tissue; 2nd. Affecting the tendons and their sheaths; 3rd. Affecting the periosteum and bone. The treatment advised by the author is a fair *resume* of that adopted by surgeons generally, but adds nothing new; free incisions are urged as the best means of preventing the extension of the disease and the destruction of tissues. "When more than one phalangeal bone is diseased, or when great destruction of the soft textures has taken place," the author advises immediate amputation as being generally the best practice, and especially in these cases where the digit has been rendered useless.

Mr. Annandale devotes but two pages to "Diffuse Cellular Inflammation," a disease which is especially apt to result from dissecting wounds, and which has caused the death of a number of distinguished members of the profession, and maimed the fingers of others equally distinguished, viz.: Mons. Blandin, Velpeau, W. H. Mussey, etc., etc.

We have had a somewhat extensive acquaintance with students of Anatomy, and we have never met with a case of diffuse cellular inflammation that resulted from a dissection wound, if the subject had been previously well injected with an alcoholic solution of bichloride of mercury, or an arsenical preparation.

The next chapter (Chapter III.) of thirty pages, is given to Tumors, Affections of the Nails, Bunions, Ganglions, Warts and Corns. These subjects are well discussed. Mr. Annandale states that what is usually called *in-growing* of the nail is, in fact, an *out-swelling* of the soft parts about the nail. For this affection our author does not seem to place much reliance upon applications of nitrate of silver, the interposition of lint, etc., excepting in mild cases; in the more aggravated cases, Dupuytren's plan is recommended—to divide the nail by a longitudinal incision, and then tear out with the forceps that portion which lies next the sore. In our opinion, this affection is amenable to treatment by inserting lint under the edge of the nail, then applying collodion so as to form an artificial cuticle over the inflamed part.

Chapter IV. treats of Injuries of the Digits, viz.: 1st. Injuries of the Soft Parts; 2nd. Injuries of the Bursæ and Joints; 3rd. Injuries of the Periosteum and Bone. For Chilblains, stimulating applications are to be used in the form of liniments or lotions, such as camphor in eau-de-cologne; turpentine and olive oil (equal parts); tincture of cantharides with soap liniment, etc., etc.

Bruises, wounds, and injuries of nerves, are very fully and ably discussed. American writers upon wounds and injuries of nerves of the digits are referred to by the author, especially to Drs. Mitchel, Morehouse and Keen.

Senile Gangrene, moist and dry, is then taken up briefly. The treatment advised is well described in few words. In the remaining part of the chapter, Dislocations and Fractures receive attention.

In the Sixth Chapter non-congenital contractions and distortions of the digits are treated upon. These deformities may result from inflammation; affections of the nervous system;

or injuries, the growth of tumors, or some form of pressure. The peculiarities of Writer's Cramp or "Scrivener's Palsy," are described, the pathology of which is obscure, and the treatment that has hitherto been adopted, unsatisfactory.

Then follows a chapter upon Excision of Joints of Digits.

Lastly we have a chapter of twelve pages on the best methods of performing amputation of the fingers and toes. The plates (already referred to) complete the volume. The Monograph is complete in itself, and will be useful to every practitioner of medicine. W. C.

A Practical Treatise on Urinary and Renal Diseases, including urinary deposits. Illustrated by numerous cases and engravings. By William Roberts, M.D., Fellow of the Royal College of Physicians, London, etc., etc. Philadelphia: Henry C. Lea. 1866.

As our author states in his prefatory remarks, "the design of the present work is to give an account of the organic diseases of the kidney, and of those diseases and disorders of which the chief characteristic is some alteration of the urine."

Dr. Roberts has afforded us a very systematic, and we believe, a very useful work on the whole field of urinary and renal disorders. It is full and exhaustive, and will, doubtless, rank as authority in this department of study.

Part I. is devoted to a consideration of "*the physical and chemical properties of the urine* in health and disease, together with a notice of urinary deposits." Very full instructions are given for the examination of the urine, with all the necessary apparatus. Several subsequent chapters are occupied with an account of the properties, constituents, and foreign substances in healthy and diseased urine. We are especially pleased with the satisfactory manner with which he gives the necessary instruction for testing the presence of blood, pus, spermatozoa, sugar, and various other foreign substances.

Part II. discusses fully diabetes, gravel, and chylous urine, being the important diseases of the urine.

Part III. treats of the organic diseases of the kidneys, congestion, Bright's Disease, acute and chronic, suppuration, hydronephrisis, cancer, tubercle, entozoa, etc., etc.

The practical portions of this work are very copiously enriched with accounts of cases in point. They add a great deal of value to the teaching of the regular text, giving point and force to the views of the author. The entire work is also abundantly illustrated with suitable wood cut engravings. Take it altogether, we are greatly pleased with this book and can cordially commend it to our readers, and advise its purchase and study. The publishers have gotten up their part of the work very well, the type being clear and good, and the paper satisfactory.

For sale by Robert Clarke & Co. Price $4.50.

The Elements of Chemistry as applied to Agriculture. By C. B. CHAPMAN. M.D., Professor of Chemistry, etc., in the Miami Medical College of Cincinnati. Cincinnati: W. B. Smith & Co.

This little manual of "Chemistry for farmers" has met with the unqualified approval of teachers and scientific gentlemen who have examined its plan. Its text contains only about one hundred small pages, and yet all the essential points of Chemistry are condensed in this brief space, and the student who has mastered it, commands all the Chemistry that is necessary for the correct understanding of the chemical affairs of common life, and for their application to agricultural pursuits.

The various chapters discuss the elements, nomenclature, and symbols; the materials of soils, plants, atmosphere, etc., etc.; a chemical review of inorganic matters, manures; remarks on drainage, etc., etc.

One of the difficulties in the practical pursuit of chemical studies has generally been in the supposed necessity for extensive and costly apparatus. Prof. Chapman has thoughtfully provided for this trouble, and has had under his supervision a small, compact, and well devised apparatus put up in convenient shape for the use of students and amateurs, which we understand is kept on sale in this city by Mr. Ware, philosophical instrument maker.

We can cordially commend this little volume as peculiarly adapted for the purpose in view. Price 50 cents, and sent by mail for that amount.

For sale by Robert Clarke & Co.

Proceedings of the American Pharmaceutical Association; its thirteenth annual meeting, held in Boston, September, 1865.

Although not a large volume, yet this year's Transactions embraces a large variety of useful matter. Besides the record of the minutes and discussions in the sessions of the Association we have a number of reports and a *large* number of special papers and essays. The regular report on the progress of pharmacy is always of interest, and of much importance to the profession as well as to pharmaceutists proper.

Amongst the special reports and essays we note the following as particularly worthy of notice. On the use of Glycerine as a substitute for Alcohol, by W. J. M. Gordon, of Cincinnati; The Active Principle of Rhus Toxicodendron, J. M. Maisch; various Gas Heating Apparatus, reports by Mr. Edward Parish and Mr. P. W. Bedford; a Remedy for Epilepsy, by George C. Close. By the way this Formula consists of the following: Bromide of Potash, ʒvi.; Bromide of Ammonia, ℈ij.; Bicarb. Potash, grs. xv.; Aqua ℥iij.; Tinct. Columba, ℥iss., and give a teaspoonful ter die. Mr. Close publishes this formula for the double reason, that in some cases its administration has apparently effected a cure, and because he has good reason to suppose it to be essentially the constituents of a secret nostrum which certain parties are attempting to palm on the public as a wonderful French remedy. We also have a paper on Native Wine from the Rhubarb plant by Fred. Stearns. The Pharmacopœal Strength of Brandy and Whisky, by W. H. Pile. Besides a number of other papers on pharmaceutical topics.

We have had occasion heretofore to speak in high praise of the energetic character of the American Pharmaceutical Association, and only repeat our hearty sympathy with their progress.

Mr. Henry W. Lincoln, of Boston, is elected President for the ensuing year, and the Association adjourned to meet in Detroit on the fourth Wednesday in August, 1866.

Editor's Table.

The American Medical Association—Met in Baltimore on the first Tuesday of May. About four hundred delegate registered their names. The meeting was not as large as many had expected. The Southern States sent but few delegates. The States of Georgia, Tennessee and Alabama, we believe, were the only ones of all the Southern States represented. Dr. Bozeman, of Alabama, was present, as was also Prof. Bowling, of Tennessee.

The Association was no sooner called to order for business, than Dr. Cox, of Baltimore, arose and said, that he had evidence, and official documents among which was one from Gen. Grant, which fully proved that the statement on which Dr. Montrose A. Pallen, of St. Louis, was expelled from the Association at its meeting in Boston was wholly untrue. He, therefore, moved that the resolution expelling Dr. Pallen be rescinded, and that he be restored to all the privileges of membership. This resolution gave rise to much discussion, all deprecating the hasty and unjust action to Dr. Pallen. It will be remembered by our readers, that a witness in the conspiracy trial swore that Dr. Pallen had agreed to poison the Croton reservoir in New York, as a part of the plan of the Southern States to successfully carry on the war. On this statement Dr. Pallen was expelled by a resolution offered by Dr. Cox. The course of Dr. Cox in offering the resolution to restore Dr. Pallen, was heartily approved by the entire Association.

Dr. Pallen was introduced, and in a neat speech thanked the Association for its action, and pledged his loyalty to his profession and country. This action of the Association had a very happy effect, in quieting the feelings of many, who had been pained at the unjust and hasty action in expelling a member without a hearing.

The report on Medical Education was called for on the second day. Prof. Gross, the Chairman of the Committee, announced that the Committee was not prepared to report. Dr. Hibberd, of Indiana, then offered a preamble and resolution, endorsing the proceedings of a meeting of Professors of Western Schools held in this city. recommending the lengthening of the course of lectures in all Schools to six months, and asking the Association to endorse the recommendation. Some discussion was elicited, in which with a single exception, the present system of medical education was condemned. The whole subject was finally referred to a committee of five professors, for a report at the next meeting. A good report on Medical Literature was read by Dr. Charles Lee, of New York.

A very interesting lecture was delivered by special request by Dr. Brown-Sequard, on Nervous Diseases. He concluded his lecture by saying that the most competent man to treat nervous diseases, was the best general practitioner.

Dr. Hooker read a very interesting report from the Committee on Ethics, on Specialities, which gave rise to some discussion. The whole subject will be discussed by special order at the next meeting.

A lecture or speech was delivered by Dr. Marsden, of Canada, on a new system of Quarantine for Cholera. He was very desirous to have the Association endorse his views, which it refused to do. The different sections held meetings during each afternoon, at which several reports were read.

The social feature of the meeting was in excellent taste. The Association was entertained by the profession of Baltimore with a promenade concert and supper. Several members also gave receptions at their houses. The corporate authorities of Baltimore also gave a complimentary entertainment to the Association, at which much good feeling was expressed. On the last day, the Association was taken down the Bay on a steamboat to Annapolis, where it was handsomely received and entertained by the Governor of Maryland.

Altogether, the meeting was a very agreeable one. At present the funds of the Treasury are exhausted, and what is more shameful, some four hundred dollars is owing to the printer for the printing of the Transactions of the last meeting. This should not be so. It is the duty of every respectable medical man to contribute to the Association. Defective as it may be in its workings and results, it is, nevertheless, the representative of the profession of the country. It has done good, and has the power of still further accomplishing good. Copies of the Transactions of last year are now for sale in Philadelphia, and we hope that all those who have not sent for a copy, will do so immediately.

The next meeting will be held on the first Tuesday of May, 1867, in this city. It is believed that the meeting will be a large one. The desire to come West was very general, and Cincinnati was specially chosen as the place of meeting. We feel safe in saying, that the Profession of this city will welcome the delegates from all parts of the country.

We spent one day in Washington City. The desire to see the Medical Museum was very strong. The expectations of every one are more than realized even on a cursory inspection of the many hundred pathological specimens. A month could be very readily spent in examining the various specimens. There is scarcely a conceivable gunshot injury of bone that is not illustrated by a beautiful mounted specimen. We recollect many, but have no room to describe them. The Museum is to be placed in the fire-proof building, formerly known as Grover's Theatre. When it is arranged as it will be, no one can examine it without interest, and the highest respect for the medical officers of the army. It is to be regretted that the Museum is not accessible to a large class of students, especially to those who purpose entering the army and navy.

We also passed a very agreeable hour in the office of Dr. J. H. Baxter, U.S.V. and chief Medical Officer of the Provost-Marshal's office. We are of the opinion that the medical statistics and records collected, arranged and tabulated by Dr. Baxter are of as much importance to the profession and the country at large as those of the Surgeon-General's office. Dr. Baxter is able to give the height, age, occupation, nativity and chest measurement of every recruit enlisted in the various Provost-Marshal's offices of the Northern and Western States. He is also able to give the age, nativity, occupation, chest measurement, description, and disease of all men exempted in the various drafts. The various tables so ably and accurately arranged by Dr. B. will, if published, cause a great deal of inquiry and investigation. Still more, they will prove of vast importance in a hygienic and therapeutic point of view. Dr. Baxter has proved himself equal to the difficult position he has had to fill. The profession will only be able to appreciate how much he has done for science, and especially for vital statistics, when his full report is published. In this connection, we can not fail to mention, that a dishonorable effort has been made to have him mustered out, before he had completed his final report. Congress, however, has called for his report, and he will soon be able to send it in when, in value and importance it will command the attention of all medical men, statisticians, and statesmen. Every medical man should use his influence to have it published by Congress. We imagine this will not be done unless some effort is made to show the importance and utility of its publication. We returned home pleased with the week spent at the meeting of the Association.

The Southern Journal of the Medical Sciences.—We have received the first number of this new journal, and place it on our exchange list with very sincere gratification. It is a quarterly of about 200 pages—handsomely printed and in good taste style and matter throughout. It resembles in some respects the *Medico Chirurgical Review*, edited by Profs. Gross and Richardson, and which came to so premature and regretted a death. We trust the Profession of the South will rally to the pecuniary and literary support of this new Southern Quarterly to a degree commensurate with its high tone and intrinsic worth.

Circular No. 6 of the Surgeon-General's Office.—Some months ago the Surgeon-General of the United States army, published a Circular for the information of Congress, embracing a condensed account of the vast amount of material accumulated in his office, illustrating the Medical and Surgical History of the War. At the time we had the pleasure of noticing this very interesting document, hoping that Congress will not obstruct the early publication of this material by any delay in the necessary appropriations. We have received a brief pamphlet containing a collection of notes of acknowledgment from some of the most distinguished medical gentlemen of the world, expressing their high appreciation of this Circular as an indication of future History. These letters are from Barron H. Larrey, M. Levy, (Medical Inspector French Army,) Prof. Legouest, of Paris, Prof. Gurlt, of Berlin, Sedillot of Strasbourg, Prof. Longmore, of Great Britain, together with several well known American names.

Cincinnati Academy of Medicine—Cholera.—The Academy of Medicine of this city has been engaged in the discussion of Cholera much of the time during the Winter and Spring. We have published largely of these discussions, but can by no means find room for the large amount that has been read and spoken—and well said too. We have on hand another valuable paper by Dr. Carroll, giving his experience in the *treatment*. We shall give that next number if we can find the room. The views of Dr. Davis in this number on treatment will be read with interest.

Ohio State Medical Society.—We renew our reminder of the meeting at White Sulphur Springs on Tuesday, 19th inst. We have received such assurances from the proprietor as will render it certain that the members will meet with every courtesy and attention—and at fair rates. Up to this time we are unable to report any Railroad arrangements—and suggest that wherever members are in the way of "*round* tickets" they had better make them available. The fare via Little Miami Railroad from Cincinnati to Springs and return—including omnibus fare and baggage *both ways*—will be $7.20.

Convention of Delegates from Medical Colleges in the West at Cincinnati.—As is generally known to the readers of this journal, an effort has been making by the Medical Schools of this country to arrive at some proper and uniform rate of fees for medical teaching. The idea is to place the *pecuniary question* so far as possible out of the range of competition. In our last we announced that a Convention representative of these interests was to be held in this city. Below we give a full abstract of the proceedings as furnished by Prof. Weber, the Secretary. We may add that since the adjournment of the Convention, letters have been received from several Western Schools not represented at that time, explaining their inability to be present, and pledging their sympathy and co-operation in the movement. What will finally be agreed upon as a proper uniform rate we can not announce, but we have no doubt that a harmonious action on the questions discussed by the Convention is only a matter of time.

In response to a call of the Faculty of the Ohio Medical College for a meeting of delegates from the Medical Colleges of the West, for the purpose of agreeing upon a more uniform rate of lecture fees, the several delegates assembled in the faculty-room of the Ohio Medical College, in Cincinnati, at 10 o'clock A. M., of April 24th, 1866.

The meeting was called to order by Prof. M. B. Wright, of Cincinnati, who, after briefly stating the objects for which the meeting had been called, moved that Prof. N. S. Davis, of Chicago, be Chairman of the Convention. The motion was carried unanimously, and Prof. Davis took the Chair.

On motion of Prof. Mendenhall, of Cincinnati, Prof. Gustav C. E. Weber, of Cleveland, was appointed Secretary.

The members present were as follows:

M. B. Wright, from the Medical College of Ohio.

Geo. Mendenhall, from the Miami Medical College.

N. S. Davis, from the Chicago Medical College.

Francis Carter, from the Starling Medical College.

Gustav C. E. Weber, from the Charity Hospital Medical College.

S. H. Douglass, from the Medical Department of University of Michigan.

T. M. Holloway, from the Medical Department of University of Louisville.

Prof. Wright presented letters from the Deans of the St. Louis

Medical College, the Nashville University, and the Medical Department of the Iowa University, expressing a concurrence in the object of the meeting, and an assurance that the schools they represented would sanction such uniform and advanced rate of fees as should be agreed upon by the Convention. The Colleges not represented either by delegates or letters were, Rush Medical College, at Chicago; Cleveland Medical College, at Cleveland; Cincinnati College of Medicine and Surgery, at Cincinnati; Medical Department of Humboldt University, at St. Louis; and the Kentucky School of Medicine, at Louisville.

To elicit the wishes of the Convention, Prof. Wright offered a resolution declaring that the sum of $105 should be adopted as a uniform rate of lecture fees by the Medical Colleges in the West. A very free and pleasant interchange of views followed, in which all the members participated, and during which it was made apparent that the immediate adoption of such a standard was impracticable, mainly on account of the peculiar position of the Medical Department of the University of Michigan.

After a recess for dinner, the Convention re-assembled at 4 o'clock P. M., when Prof. Davis offered the following preamble and resolutions, as a substitute for the resolution offered by Prof. Wright. The latter accepted the proposition, and after another free interchange of views in relation to the whole subject of Medical College organizations, as well as fees, they were unanimously adopted, as follows:

"*Whereas*, the cause of medical education requires the establishment and maintenance of permanent Colleges, with all the necessary means for illustration and practical instruction, as well as competent teachers, thereby involving a large annual expenditure of money, therefore.

"1st. *Resolved*, That a reasonable demand for lecture fees is required by the best interests both of the Colleges and those who patronize them.

"2d. *Resolved*, That competition among Medical Colleges, to be beneficial to the profession and the cause of medical science, should be based *entirely* on the ability of those engaged as teachers, and the completeness of their curriculum, with the facilities for practical demonstrations accompanying it, and not on *mere pecuniary* differences in the cost of attendance; and, hence, the fees charged in all the Medical Colleges, in a given section of country, should be uniform, or so near uniform that the actual cost of attendance in the different Colleges shall be practically equal.

"3d. *Resolved*, That inasmuch as only a limited number of students can be properly accommodated or educated in any one College each year, any State which, with enlightened liberality, should so endow the medical department of its State University as to make education therein free, ought to so far regard the interests of the institutions of other States, as to limit the freedom of its instruction to the citizens of its own State.

"4th. *Resolved*, That in the opinion of the College Faculties here represented, the aggregate annual fees for instruction in each College should be not less than $105 for each student.

"5th. *Resolved*, That a committee of three be appointed, to communicate the foregoing views to the Faculties of the several Medical Colleges not here represented, and also to the Regents of the University of Michigan, with a view to the ultimate removal of such obstacles, legal or otherwise, as may be in the way of the voluntary adoption of the sum named in the 4th resolution, or some other sum near it, as a uniform standard of College fees; and to take such measures as they may deem necessary, and report to a future Convention called for that purpose.

"6th. *Resolved*, That the Colleges here represented would, in the opinion of the delegates present, be willing to lengthen their annual lecture terms to six months, if, by so doing, practical uniformity in the standard of fees could be fully secured."

On motion of Prof. Holloway, the Secretary was authorized to furnish a synopsis of the proceedings of this Convention to the different medical journals of the country for publication.

On motion of Prof. Carter, Profs. M. B. Wright, of Cincinnati, T. M. Holloway, of Louisville, and N. S. Davis, of Chicago, were appointed the Committee called for by the 5th resolution.

Prof. Carter also moved, that when this Convention adjourn, it be to such time and place as the committee just named may deem proper; which motion was adopted.

On motion of Prof. Holloway, the Convention then adjourned.

The meeting was certainly a very pleasant one; the discussions throughout were cordial, friendly, and sincere; and we think it constitutes the beginning of a movement which, if followed up in the same spirit, will lead to the speedy adoption of several measures of great importance, both to the Colleges and the profession at large.

Mortuary Statistics of Natchez.—We were kindly furnished some months ago, with mortuary statistics of Natchez for the year 1865, carefully prepared by Dr. J. S. King. These tables have been crowded out from month to month through press of matter. We allude to the matter now to say that Dr. King is engaged in preparing an extensive series of statistical information on this subject embracing a period of sixteen years—from 1850 to 1865 inclusive. Physicians throughout the country will confer a favor by forwarding to Dr. King the mortuary statistics of their respective cities for that period so far as they are able to procure them—to enable him to prepare comparative tables of the United States.

Braithwaite's Retrospect—We have already given notice to our readers that Mr. W. A. Townsend will hereafter afford an APPENDIX of American Journalism with Braithwaite's Retrospect. This Appendix will be under the editorial management of Dr. A. G. Gardner, which is a safe guarantee of the industry which will be brought to this enterprise.

To Correspondents.—Quite a number of valuable papers are on file waiting room for their printing. Since our last acknowledgement, we have received the following, which are thankfully accepted. From Dr. Haughton—Dr. Flora—Dr. Copeland—Dr. Mendenhall—Dr. Thacker and Dr. Fletcher. We must also reserve space in the July number for the proceedings of the American Medical Association.

Field Observations in Surgery—A New Book.—Dr. D. S. Young, of this city, has in preparation a volume of observations, the experience of the author during the war. The work will be published by Robt. Clarke & Co., and from our knowledge of Dr. Young—as well as some extracts and illustrations of the forthcoming volume which have been published in the Cincinnati *Journal of Medicine*, we anticipate an interesting contribution to the literature of Military Surgery.

Prof. Geo. C. Blackman and Stanley Matthews, Esq., announce a new forthcoming work—on the Legal Liability in Cases of Surgical Malpractice in its principles and limits. Such a work with a proper digest of cases will prove an important work for medical practitioners.

The Income Tax in its Operation on Medical Men.—We take the following remarks and extracts from the *Journal of Medicine* of this city; the matter is worthy of more than a passing thought.

The members of our profession are certainly entitled to much credit for their quiet submission to the income tax, which imposes upon them a burden out of all proportion to that borne by the real property holders. For years the profession in Great Britain protested against such injustice by which "the earnings of hand and brain are placed in the same category with rents or dividends." Says the *London Lancet*, Feb. 1, 1851, "It can be shown that it is a monstrous injustice to tax the precarious income of the professional man, depending upon the continuance of health, intellect, and life, in exactly the same proportion as an income derived from the land, which may last as long as the island remains above the sea; or the funds, which must continue as long as the national honesty or solvency." We shall return to this subject, for we believe that the profession, while yielding to none in loyalty and a willingness to bear a fair and just proportion of the burdens of the Government, have cause to complain of the present inequality in taxation. Our National and State Associations should take this matter under consideration. We have recently found in the *Provincial Medical Journal*, Feb., 1851, an article which was copied from the *London Times* into that journal. It strikes us that it presents the whole subject in its true light, and we present it to our readers." G. C. B.

"*The Income Tax and its Oppressive Effects on General Practitioners.*—The usual argument in favor of the present method of assessment is stated in a few words. Income is only taxed while it lasts: the assessment, therefore, is fair. Let us now suppose the case of a *general practitioner of medicine*—of a man who, by the most unceasing labor, by the utmost anxiety and carefulness, is earning his £500 or £600 per annum in a country neighborhood. We will give him every professional advantage—he shall be medical adviser in ordinary to the union in which he resides, he shall have contracted with the grammar school and the young ladies' boarding establishment in the adjacent town to keep the systems of the pupils cool and comfortable for an annual sum certain. He shall be well with the squire; a sound churchman, and on dining terms with the rector; and yet no violent party man, lest the dissenting pneumonia of the country side should fly for relief to the opposition brass plate in the county town. He can calculate the exact money value of the zymotic, and strike an annual average upon the sporadic diseases within his beat. Altogether he is in as comfortable and permanent a position as any member of his class can occupy There is nothing wanting to complete his felicity. He occupies a square white house neatly slated, with a little pill-box of brick and mortar attached, in which he himself or his assistant—who has paid him a premium—spreads the 'bergamy' pitch-plasters, and 'exhibits' the aloes and jalap. Behind the house is a stable with two stalls, whose inmates are never destined to enjoy each other's society, as Mr. Camomile drives one about all day and rides the other round the country all night. Now at the end of the year, with all his riding, and all his pill-rolling, the unfortunate practitioner just manages to make both ends meet; for the time has come when little Johnny must go to school to be initiated in the niceties of Roman versification, with a view to making his way in the world at a subsequent period. The eldest daughter, too, must be gently led in the direction of Cramer's exercises, and be instructed in the art of hemming pocket handkerchiefs. Poor Camomile, who was born with a kindly, genial soul, can not but entertain the local dining club once a year at Opodeldoc Lodge, when the planned furniture of the dining and drawing rooms is divested of its brown-holland epidermis, and even the tissue paper which had been pinned round the broad gilt frame of Mrs. Camomile's portrait, for fear of fly-blows, is removed for that night only. The expense of that entertainment, which exactly equals Camomile's overpayment to the income tax, is probably the only expense throughout the year which will not bear the strictest investigation, but it helps, with his necessary outlays, to pull him down. The life, no doubt, is a hard one—a harder one than great politicians would readily imagine; but still, while health lasts, it is tolerable, and not without its compensation, to a man of honest and humane temperament. But the night comes when poor Camomile, who has been roused from his sleep to assist at a premature birth, at some seven or eight miles distance from his own house, rides there through the pelting rain, and sits during the anxious night by the bedside of his suffering patient in his wet clothes. A cough follows; he cuts off his dinner, but continues his rides; his symptoms become aggravated by exposure to the weather, and in a fortnight he is beyond the reach of his own skill, and in a fortnight and a day beyond saving by any physician upon earth. He goes where we all must go; but Mrs. Camomile, and Johnny, and Anna Maria, awake from their dream of security to find that their means of support have gone as well. They must content themselves with being—as political economists would phrase it—absorbed into the population. That is to say, when the two horses and the planned and other furniture, and the house, and the galley-pots are sold up, there is just enough to clear scores all round, and pay for the only spot of earth in which Camomile had known the peaceful rest of an hour since the day he first established himself at Opodeldoc Lodge. Why did he not insure his life for a few hundred pounds? will be the comment of many a strong minded person upon this faint outline of a life. Simply because it pleased the finance minister of his country for the time being playfully to suppose that his income would inure to his children after him, and to mulct him accordingly. To be sure he might have dropped his annual entertainment to the members of the Hawthorn Dining Club—but then some of us come from one side of the Tweed, some from the other."

Indiana State Medical Society met at Indianapolis on Tuesday, May 15th ult., the President, Dr. Harding, of Lawrenceburg, presiding. Our reports of the meeting are imperfect. Drs. Dunlap and Kincaid were present, representing the Ohio State Medical Society. On the first day Dr. Kersey read a lengthy paper on Cholagogues. We have no report beyond this, except that the Association partook of a fine banquet at the Bates House on Wednesday evening.

The Edifice of the Medical Department of the University of New York was destroyed by fire at the great conflagration of the New York Academy of Music on the morning of May 22d. This will be a serious loss to the University Faculty, which will be difficult to replace, at least so far as its valuable museums and means of illustration are concerned. Dr. Mott's valuable Anatomical and Surgical Museum is included in the destruction.

Business Notices and Acknowledgments.

Married, in Greenfield, Indiana, on May 3d, by the Rev. John Hill, of Anderson, at the residence of the bride's father, Dr. SAMUEL M. MARTIN, of Rensselaer, Indiana, son of Dr. Wm. H. Martin, formerly of Rushville, and Miss FLORA, daughter of Dr. N. P. HOWARD.

Married, on Tuesday, 15th inst., by Rev. Dr. Tenny, of Oxford, Ohio, Dr. GEORGE EDWIN JONES, of Cincinnati, and Miss ELLEN YALE ROOTS, daughter of Philander H. Roots, Esq., of Connersville, Indiana.

Died. in Boson, on Monday, May 14th ult , at the age of seventy-five years and ten months, Mrs. HITTY MUSSEY, wife of the venerable R. D. Mussey, M.D., and mother of Prof. Mussey, of the Miami Medical College. A large circle of friends in this city will mourn her loss, and deeply sympathize with her husband and children in their bereavement.

Died, in New York city, May 1st, CHARLES CONSTANTINE, son of Dr. GUNNING S. BEDFORD.

Died, in the city of New Orleans, Saturday, May 12th ult., Dr. E. D. Tenner, one of the editors of the *Southern Journal Medical Sciences*, just established. For twenty-five years one of the leading physicians of his city, and prominent in founding and sustaining the New Orleans School of Medicine. New Orleans will keenly feel the death of so valuable a member of our profession.

NEW BOOKS.

Burrall—Asiatic Cholera. Wm. Wood & Co., New York.

Canniff—Principles of Surgery. Lindsay & Blakiston, Phila.

Douglass—Dr. Bertrand's Household—a novel. Lee & Shepherd, Boston.

Transactions of the American Medical Association for 1865.

Transactions of the American Pharmaceutical Association for 1865.

Ticknor & Fields, of Boston, continue to place us under obligation by regularly furnishing our sanctum with their publications—*Atlantic, Young Folks* and *Every Saturday*. The last named is a new enterprise evidently meeting a want. It contains fresh and varied selections from the choicest foreign periodical literature, with so wide a range of topics as to interest every reader. It is just the thing for lazy reading; it is capital for recreation; and nice for railroad and steamboat.

Changes of Location and Postoffice Address.—Notwithstanding the ease and simplicity of the correct way, not more than one in three of our subscribers give us a sensible notice to change their address. From some we receive quite a letter explaining to us their reasons for removal, and the prospects of their new location, but never an allusion to the old Postoffice. *When will* subscribers learn to write something like the following: "Mr. Editor, change my address from Richmond, Indiana, to Cleveland, Ohio—John Smith," instead of a direction to address journal hereafter to Cleveland, Ohio, as I have determined to locate in that city, etc., etc., thus making a necessity for looking over our whole mail books.

PHILADELPHIA, April 1, 1866.

Dear Sir: The Transactions of the American Medical Association, Vol. XVI., are published, and now ready for delivery.

Should you desire a copy, please remit Five Dollars to my address.

As there are various methods by which the volume may be sent, inform me which you prefer. If by mail, please forward *sixty cents* in post office stamps, that your postage may be prepaid.

The following volumes are for sale: Proceedings of the Meeting of Organization, 50 cents; (Vols. I., II., III., IV., and VI. are out of print); Vols. V., VII., VIII., and IX., if taken collectively, $5.00 for the set. If singly, $2.00 apiece. Vol. X. at $2.00; Vol. XI. at $2.00; Vol. XII. at $2.00; Vol. XIII. at $2.00; Vol. XIV. at $2.00; Vol. XV. at $3.00; Vol. XVI. at $5.00.

Very respectfully, CASPAR WISTER,
Treasurer American Medical Association.

No. 1303 Arch Street.

Wanted—Of the *Western Lancet*, the number for March, 1853.

Personal.—Dr. R. H. Johnson, of this city, has removed to Yellow Springs, where he proposes general practice and Eye Surgery.

HE

CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. IX. JULY, 1866. No. 7.

Original Communications.

ARTICLE I.

The Mind—Insanity—Moral Insanity.

BY J. A. THACKER, M.D., CINCINNATI.

CICERO says that the mind knows not what the mind is, and this expression of his has been repeated again and again by persons of every age since his time—each one employing it as if it were original with himself. The opinions of the ancients in regard to the nature of it were numerous, many of which were very absurd. Some considered it to be the heart, from which the Latin words, vecors, excors and concors are derived; meaning foolish, out of one's wits, unanimous. Aristoxenus, a musician, and Peripatetic philosopher, thought it, as it were, a particular tension of the body—that as harmony results in singing and by the playing of the lute, so mental phenomena are excited in the same manner by the body. Plato divided the mind or soul into three parts, reason, anger and desire. Reason, considering it the ruling principle, he placed in the brain. The other two, as subservient, he located in other portions of the body, anger in the breast, and desire under the præcordium.

From the time immortality began to be considered a part of human nature, the mind has been regarded as that principle which would live after the death of the body. In other words, it seems to have been generally agreed upon, for an indefinite time, that the mind is the soul. Cicero states in his Tusculan Disputations that Ennius, a poet who died 169 years before Christ, said that perception would continue after life had departed from the body. And Cicero himself, in his work on Old Age, looks forward with exultation to that illustrious day when he shall depart to that divine concourse of minds of great men that have preceded him, and especially to his friend Cato, who died before him. He said that it was this hope that made old age pleasant and easy to be borne, and even if he was in error in so supposing, he did not wish this error to be wrested from him. Since the time of Socrates, Plato and Cicero, Christianity having taught men by divine revelation that immortality is their lot, which instinct, or some impressment of Deity, or ratiocination discovered to those philosophers of antiquity, philosophers of modern times have fallen into the same belief that the mind, or thinking principle, and the soul, are one. So naturally do almost all take up with this opinion, that it seems, oftentimes, to be accepted without a thought as to its correctness. Indeed, it seems to be received by many as a matter of course—as a matter that has been fully demonstrated, and does not permit of any further investigation.

In the annual report of the Longview Lunatic Asylum, in this County, (Hamilton), for the year 1861, Dr. O. M. Langdon, the Superintendent, makes the following remarks: "There seems to be a common though ill-defined opinion, that insanity is a disease of the mind itself, instead of the organs through which it acts; that it is in the intellectual incorporeal part of the individual, rather than in the physical, material portion; and is from its very nature, beyond the reach of medicine. . . Those holding this opinion with regard to the seat of insanity, probably forget, and would be rather startled on being reminded, that such an opinion is rather at variance with the doctrine of the immortality of the soul; that it involves the belief that the soul, like the body, is liable to disease, decay, and death; and that the poor lunatic, who goes from bad to worse, and finally dies in the last stage of bodily prostration and mental imbecility, is dead, body and soul, past all resurrection."

Here we have it positively asserted, and in a manner, too, as if it seemed no contradiction was contemplated, that the *mind* is the *soul;* that it is a *something* having an independent existence, which, although operating through the body, is no part of it; that lunatic asylums are, as it were, tinker shops in which the machinery of an *immortal nature* is mended, lubricated, and made to work harmoniously, and no part permitted to run faster or slower than another. The idea that that which is intelligence could keep its own machinery in order while it lasted, does not seem to be entertained.

Since psychologists have disagreed so much in regard to the nature of the mind, nearly all, however, considering, that whatever it may be, it is the soul, let us examine a little for ourselves of what it may consist, and of what claims it may have to immortality. I have given this subject considerable reflection, and have concluded that it has, in no respect, any independent existence, but that it has its origin in, and is dependent for its existence on, its continued generation by the body—that like electricity, heat, light, vital action, etc., it is a Force.

Under certain conditions, we know, we have electricity; under others, light; under others, heat. Of these, which are termed Forces, we know nothing except the laws which govern them. Ascending the scale, we come to vital force, which, as in the other cases, seems to be a production *from certain conditions.* All these Forces which we have mentioned, cease when the conditions producing them no longer exist. Prevent the union of oxygen with the carbon and hydrogen, and the heat and light, which the combination has been emitting, are no longer evolved. Remove the zinc plate from the acid contained within the copper vessel and electricity is no longer generated—with one of the conditions producing it taken away, it becomes extinct. So with the mind, we find that when the conditions on which it is dependent cease, as in the case of demented persons and others, it ceases; when they are interfered with in their proper action, intellectuality proceeds improperly. Let pressure be applied to the brain, and thinking, feeling, willing, remembering, and all other mental operations, are no longer produced. Stimulate the same organ by the rapid transmission of blood through it, as in fever and by the inhalation of some gases, and the production of mind becomes so rapid that delirium results.

From these facts, which we have stated in regard to the mind, we are led to conclude that it is not it that is the soul, the immortal part of man. For that great element of his nature we must look further. Perhaps it is some essence in his nature, if we may so term it, of which we as yet know nothing—of which the Creator has not seen fit to enlighten us. Electricity can not be taken from the wires and removed to a distance; neither can any of the other forces be similarly handled. With their development they cease. How then can the mind, which is as similar to them as any species of the same class are to one another, exist after its production has ceased? With its causes ceasing, it too must cease. Philosophers say that the soul is immortal and can not die, but we have seen that the mind is mortal and must die, therefore it can not be the soul.

Having thus examined somewhat the nature and origin of the mind, let us proceed to a brief analysis of its manifestations as they are exhibited to us, and then we will proceed to the study of its abnormal conditions, which is more especially the object of this article.

Psychologists have divided the mind into three departments, namely: the intellect or understanding, the sensibilities and the will. In the first division are ranked the cognitive and perceptive faculties—their product being intellection; in the second, we have the different emotions, passions and desires; while the third comprehends the will, or executive power. The order of movement is that in which the departments have been mentioned—1st. The intellect; 2nd. The sensibilities; 3rd. The will. The intellect first puts forth an object which arouses the sensibilities, and they, in turn, call into action the will.

Although the will seems to be placed over the other departments of the mind, and appears to have a controlling influence over their movements, yet they seem to afford it the promptings to action—some emotion, desire, or sense of obligation, brought about by intellection, being necessary to excite a volition.

The sensibilities, through which the will obtains its direct stimulus to action, may be divided into natural and moral. The first are common to man and the brute creation, and have their origin to a great extent, if not altogether, in the physical system. The moral sensibilities are of a higher order, and are possessed by man alone. They seem to have been implanted in him for rendering him more than a mere selfish being—a mere seeker, like the brute, after his own gratifications. In proportion to their development in the individual, the nobler is his nature and the higher are his aims.

In a well regulated mind, we have the three departments of the mind acting in harmony—acting in a manner that will conduce to the welfare of the individual as a mere physical creature, and as an intellectual being. The intellect, in the performance of its cognitive and perceptive functions, will arouse the will, through the natural sensibilities, to the requisite exertions for the preservation of life, and for the obtainment of necessary comforts; and these having been accomplished, the moral emotions will operate for the cultivation of all the higher virtues, and of all of those influences that tend to ennoble the man.

But the body of man, as we all know, is prone to disease, and the brain, from which mind emanates, not unfrequently becomes in an abnormal condition. When such is the case, intellectuality, as a matter of course, must be performed improperly, or, in other words, insanity must result. We do not wish to be understood to say that insanity proper is the result of all affections of the brain; for, sometimes, extensive disease of that organ is followed by slight mental derangement; and, again, diseases that can not be detected by any of their results or by post mortem, manifest themselves during life by the worst forms of mania. But diseases which interfere with the actions of the brain, as the organ of the mind, have insanity proceeding from them. The brain is a subtle organ and is not understood in all of its minute functions, so that we do not always know how it is impressed by disease. But of this we have facts sufficient to be certain, that insanity has always for its cause encephaloid derangement.

Insanity of the intellect—the only department of the mind which is subject to aberration—has been divided by writers into many forms; but as my article precludes so minute a consideration, I will make but three general ones, the result of my own observations upon the subject.

1st. We have the destruction of the relations that exist between the different faculties composing it, as that of conception, perception, association, etc., in a word by the dethronement of reason. Ideas, frequently, are passing through the mind, but they have no classification. Neither does there seem power to connect them together, to compare them, and to form any processes of reasoning. Chaos reigns supreme. And those ideas that thus seem to occupy it are those generally that were begotten there before insanity set in. External objects appear to flit by it as by a camera—no permanent impression being made, but the perception departing with the sensation. It is this which makes the poor lunatic what almost might, with propriety, be termed a living dead person. The dearest objects of life, unable to find any lodgment in the mind, are unable to be brought under the operations of the sensibilities that feeling may be excited. Relatives and friends are viewed with indifference, or, if through them the emotions are reached, it is but for a moment, and even then, the mental impression being false, the opposite to love and affection may be aroused.

The second form of manifestations consists in hallucinations. In the first form there may be hallucinations, but they are of a fleeting character, and are merely the result of the destruction of the relations existing between the intellectual faculties, and have no definite limits. In this form, however, they are a prominent feature, and the relations existing between the others, although they may be impaired, are not destroyed.

In this class do we generally find the greatest difficulty in diagnosing between sanity and insanity. Many persons, from bad education, or other causes, possess such erroneous views in regard to many things, and which are so contrary to those generally received by common consent, that suspicions are sometimes entertained as to their sanity. And if any such should have committed a crime, the determining of the question becomes a matter of importance, as it decides their responsibility or irresponsibility.

A few years ago, a servant man of a Mr. Horton, residing in this city, murdered him, and on his trial for this crime, the plea of insanity was set up. It was alleged, if I remember rightly, that he believed in ghosts, hobgoblins, etc., which he connected with his employer; and that he frequently employed incantations and other means for appeasing them, and for ridding himself of their influences—in fine, that his belief and practice were consistent, and that he acted upon his belief. His plea was not sustained; he was found guilty of the crime and sentenced to be hung. He was not hung, however—a merciful Governor commuted his punishment to imprisonment for life, and thus an innocent person was saved from being prematurely launched into eternity; for since his incarceration, the evidence of his insanity has become unquestionable. The difficulty of determining the question of sanity and insanity in such cases consists, I think, in not properly understanding the difference between error of judgment from bad education, or other causes, and hallucination. In the first instance, the subject never acts upon his belief, or rather never has any occasion to. His erroneous opinions are but abstract theories. In the second instance, on the contrary, belief and practice correspond. The superstitious man believes in ghosts and hobgoblins, but never sees any himself, or, if he fancies he does, it is the result of imperfect impressions made upon the organs of sense. For instance, in a deficient light, he discerns a moving object which the imperfect sensation induces him to suppose to be something supernatural. There is, however, a sensation of some kind. Again, if subject to any ills of body, he may presume himself to be the subject of witchcraft, but those pains and annoyances of his have an existence. But the insane man, or he whom a hallucination possesses, beholds what he does not see, and perceives what he does not feel. His ghosts and hobgoblins, his bodily ills, etc., originate in the brain itself; they have not been perceived by any sensation however imperfect. The miser who has spent his life in hoarding up gold, in his old age, becomes fearful of conspiracies to rob him and deprive him of life, and so he carefully locks and bolts his door, and eagerly sits watch over his treasure; but so long as he preserves his sanity, he discovers no attempts in accordance with his fears that are not real, or if he does, they are perceptions that have a real cause in sensations of some kind. The lunatic, however, when nothing external can impress his mind, hears the robber at his door, he beholds the assassin in his room, and in his horrid fright, utters scream after scream, or arouses his attendants by the terrible onslaught he makes upon his assailant. In cases of the second class, then, hallucinations, as I have defined them, present or absent, determine whether the suspected individual is sane or insane, responsible or irresponsible.

The third division of intellectual insanity comprehends those who are suffering from debility of the intellectual faculties. In this division we may class imbeciles, idiots, and demented persons. The prominent symptoms in such consists in feebleness of mind. The relations that exist between the faculties are not so much disturbed as the faculties themselves are weak. Reasoning is performed badly, for the perceptions oftentimes are so slight, and the ideas consequently are so weak and imperfect, that it is with difficulty that any process of the kind can be entered upon. The detection of this species of insanity, with reference to the responsibility or irresponsibility of the person affected, is sometimes difficult. It is not always an easy matter to determine what degree of mental weakness makes an individual irresponsible for his actions. Much judgment and skill often is necessary. No rules can be laid down. Every case must be decided on according to the indications presented by it. Sometimes the whole history of a person is necessary; and then occurrences that have transpired at different times may be brought to bear to give light upon the subject.

Having thus given a sketch in the briefest manner possible, of the mind and its abnormal conditions, I would now, having come to the conclusion of the topic, conclude my article, but another subject, termed moral insanity, supposed by many to have an existence, demands that I should say a few words in regard to it. This dogma, I believe, was first started by Pinel. In the time of John Locke it was not considered a distinct form of mania. Insanity, then, was regarded as being confined to the intellect. That refinement of making distinctions where none exist had not been reached. It has belonged to more modern times to invent new theories having no foundations in truth and to maintain them until newer ones, utterly as groundless and fallacious, arise to take their place.

But to return. There are three methods by which the sensibilities may act in an abnormal manner; 1st. By impulse, when the intellect brings before some particular emotion or emotions an object that tends to violently excite it, while counteracting feelings have not had an opportunity to be aroused by the product of reasoning. We have familiar illustrations of this in ourselves and in others nearly every day. How often has every one, under excitement, committed acts which he immediately repented of so soon as reflection was able to resume its accustomed duties. In the second place, errors in judgment, and mistaken notions the results of reasoning from false premises or from bad mental culture, produce improper effects upon the sensibilities leading to actions, on the part of individuals, not recognized as correct by the great principles of right. Here we have illustrations in the religious persecutions that have transpired in the history of the world when men, women and children have been made to suffer all manner of evils, and have even been put to death, for opinion's sake by persons who thought they were doing God's service. In the third place, the emotive part of man is not unfrequently the subject of depravity. Our jails and penitentiaries afford sad proof of the existence of this moral condition. And to such an extent does it exist that we all, on retiring to our couches at night, carefully lock and bolt every door that the thief may not enter and appropriate to himself the products of our industry.

But none of these methods constitute insanity. The consciousness of every intelligent person assents to this at once. Who is there, who has been the subject of impulse, and carried along as it were by force to the commission of acts that were not in accordance with right, but feels that he was in the proper possession of reason and was responsible for his acts, and that it would not be unjust to hold him accountable? Or, who would be willing to excuse the religious persecutor as he goes about with his sword red with the blood of martyrs, although he may be sincere, and say that he is insane? None I think. All would assert with one accord, that he should be taught liberality and tolerance by the severest punishment. Or, again, who would be willing to let go free the midnight assassin, or the robber, who goes prowling about under cover of darkness seeking what of other men's property he may appropriate to himself, and say by reason of depravity, that he was not accountable.

Notwithstanding, as I believe, that the three classes I have mentioned comprehend all the sources of wrong actions that men may be guilty of, and we only have to appeal to our own consciousness for proof that none of them constitute insanity, modern philosophers, as I have intimated, in their zeal for progress, have added a fourth division which they assert originates in insanity of the feelings, and they term it, Moral Insanity.

In order to properly define Moral Insanity, I will quote from a distinguished medical gentleman of this city, a maintainer of the theory, who, on account of his having long been a teacher of medicine in several of our Medical Colleges, and, on account of his connection with one of the principal lunatic asylums in the United States, must be regarded as a proper exponent of what the term means. He, when a discussion occurred upon it in the Academy of Medicine some time ago, defined it as "a perturbed or disturbed state of the life of relation." The phrase to me, unconnected with any explanatory clause, has no meaning. Relations are expressed as existing between one thought and another, between the mind and the body, etc.; but I never was aware of any condition which might be abstractly considered the life of relation. In explanation, however, he stated, that it was a want of self control with a full consciousness of right and wrong. If such be the case, it is insanity of the will, and not of the sensibilities; for it is the will that controls our actions, and has, as we have intimated, a controlling influence over the other departments of the mind. But insanity of the will, from the very nature of the constitution of the mind, can not occur—it is impossible. "A perturbed or disturbed state of the life of relation" therefore, as explained by the gentleman, comes under the first class of the three methods by which I have stated the sensibilities may be affected in an abnormal manner; namely, "by impulse when the intellect brings before some particular emotion or emotions an object that tends to violently excite it, while counteracting feelings have not had an opportunity to be aroused by the product of reasoning." But we have already proven that this condition does not constitute insanity, otherwise there is no one who has arrived to adult life but would, at some period, have been a fit subject for the mad house.

The same gentleman stated at the same time, (I quote from the minutes of the meeting,) that in a case of alleged insanity tried in this city, known as the Cain case, he, as a medical witness, testified "that a person overcome by excessive grief on account of the seduction of a beloved daughter, so as to be rendered moody and uncompanionable, going about with his head hanging down, and incapacitated to attend to his daily business, should be considered morally insane, as regarded the killing of that seducer on coming into his power." Here we have the absurdity of a case of disease of the brain—for insanity is the result of disease of the brain—excited by inflamed passions and cured by their gratification. For being only insane as regarded the killing of the seducer, the seducer, then, having been killed, the insanity was at an end. In this case, however, the psychological student will certainly discover no elements of insanity; but only the will borne along, as it were, by force to the commission of an act, by the passions having been excessively wrought upon by a sense of a terrible wrong inflicted. Indeed, we have merely exhibited to us an instance of strong emotional excitement—the commission of an act prompted by the natural emotions, while the higher or moral feelings were in a state of suspension, and not in a morbid condition. The moodiness and incapacity to attend to business that existed, does not, by any means, imply insanity. Such a condition in an individual can be considered but the natural result of a sense of a terrible misfortune having befallen him; and would rather show that his feelings were keenly alive to the appreciation of it. Other believers in moral insanity assert that the moral maniac commits his deed "without any motive whatever deserving the name;" but in the case given there was not only a motive, but a very powerful one. A motive that would have impelled almost two out of three to the same deed. Indeed, many would consider themselves recreant to the highest sense of duty if they did not obey the impulses of instinct under such circumstances.

We may here also mention the case of Miss Harris, recently tried at Washington City for murder, and acquitted on the ground of moral insanity, as involving another instance of wrong action brought about by causes which I have classed under the first head. Miss Harris had deliberately shot down a man who had proved unfaithful to his promise of marriage to her, and was pronounced morally insane by the medical witnesses called upon to testify in the case. Nothing seems to me more absurd than this decision. As in the Cain case, so in this case, if we consider it one of insanity, we would have a morbid condition of the brain produced by inflamed passion, and cured by its gratification. I am glad to learn, for the sake of psychological science, that the convention of superintendents of insane hospitals, which met a short time ago, has pronounced adversely to this decision. The teachings of science should be rigidly adhered to whether a sentimental humanitarianism is injured by it or not. If the penalty of the law is too severe for any criminal act, better change it than degrade science, and make it ridiculous.

The commission of a crime, "without any motive, whatever, deserving the name," as mentioned by Dr. Ray, to be the definition of moral insanity, is nothing other than depravity. But there is a motive; namely, the gratification of the perverted natural feelings—the brutal passions. What object but this gratification had Nero, the Roman emperor, for the immense crimes he committed? What but only a thirst for blood instigated him to put so many to death? His cruelty was so great, that he would cause persons that had never injured him in any way to be thrown bound into dens of wild beasts. It is said that at one time he caused Rome to be set on fire, and while the conflagration raged the fearfullest, he sat on a high elevation witnessing the scene and played on a musical instrument. Here was a man committing acts "without any motive whatever deserving the name," except his own gratification, and yet methinks, not either Dr. Ray or the other gentleman quoted, would consider him morally insane—only a depraved monster. To assert that such a wretch was a proper subject for the insane hospital, and that he did not deserve the severest punishment, would be to outrage the consciousness of every one.

Nancy Ferrar, who was tried on the charge of murder some years ago in this country, and was acquitted by a verdict of insanity rendered in her case, was a person of perverted feelings. While physician to the insane hospital of which she was an inmate, I had opportunities of daily observations of her for nearly a year. From what I saw of her, I have no hesitation in attesting to her perfect sanity. She was by nature cruel, and would exhibit her cruelty toward the other inmates at all times when she was not restrained by fear. I have known her to beat in a shocking manner helpless old women that could have given her but little or no offence.

Depravity consists in the natural emotions being in excess over the moral. Objects, consequently, brought before the sensibilities by the intellect, arouse them instead of the latter. The moral feelings, with that of fear, are counteracting in their influences. Of course if these are deficient, or the others are intensified, depravity, in greater or less proportion, must be the consequence. Fear, however, a natural emotion rather than a moral one, and its modifications, are the restraining influence in far more instances than one would, at first reflection, suppose. So often, indeed, do we find men acting the tyrant, the extortioner, the persecutor, and even the thief, when opportunity offers to do so with impunity, that we are sometimes almost constrained to lose confidence in the human family as moral beings, and to exclaim with St. Paul, "They are all gone out of the way, they are altogether become unprofitable; there is none that doeth good, no, not one;" and, again, "All have sinned and come short of the glory of God."

As all good men possess those natural feelings which when too great constitute depravity, so all depraved men possess to some extent moral feelings, and these are sometimes lighted up in a flickering manner, and sometimes put forth a weak resistance to their antagonists, but they are generally soon overcome, and the person proceeds on in his career, heaping up sin upon sin. I once knew a man who had been imprisoned a number of times for theft, who having been at one time convicted for housebreaking and sentenced to the penitentiary, stated that he had visited the house he had broken into a number of times previously for the purpose of robbing it, but each time conscience, as he termed it, impressed him so greatly that he departed without performing it. Again, a young man, an apothecary, who visited this city several years ago with a paramour, and hired himself to one of our druggists, Mr. Scanlan, and having been discharged from his situation on account of dishonesty, became filled, as it were, with remorse, and determined to end his existence. He went to the house of ill-fame where his paramour was and called her out, and they both concluded to die, and he did actually shoot her and himself, but the wounds inflicted were not mortal and they both recovered from them. After his recovery, he went to a Southern city where, from last accounts, he was proceeding on in his course of crime. In both of these cases we perceive the moral feelings making a slight effort temporarily, for the mastery, but the others being too powerful, they were overborne, and although apparently unwillingly depraved, yet no one considered them insane. Furthermore, that depravity can not be distinguished from Moral Insanity, in consequence of the subject of the one having a proper motive, while the other has not, is evident from the fact that there is no one who pursues a course of crime who will not admit that the fruits of it does not yield him a proper compensation. I once read the confession of a man who spent fourteen years altogether in prison out of twenty-two, and then was hanged for murder. Then why do they continue on in their wickedness? The only answer that can be given is—that the emotive power which prompts their will to act is perverted.

Thus we perceive from no point of view from which we can examine wrong actions, can we ascribe their cause to disease, that is, to insanity. Depravity fulfils every condition said to belong to it. The depraved man has no corresponding motive for his wicked deeds. He acts against his own interests, and often does so seemingly against his own will. I will here repeat what I have stated before that there are but three methods for wrong actions; namely, impulse, error in judgment, and depravity. That there can be a fourth, the result of insanity, is a fallacy.

As the brain, like other parts of the body, is but a physical organ, and as its character, upon which depends the constitution of the mind, is developed to a great extent in utero, subject somewhat to modifications after birth, so, necessarily, the mental character is congenital and oftentimes hereditary. The sensibilities or motive powers, therefore, being a part of the mind, the general direction of the disposition of an individual is not the subject of education. It may be cultivated in its natural course, and made to flourish more vigorously, or stinted in its growth as it inclines this way or that way; but that is all. Who has not discovered in the little child depravity as plainly as in the old hardened sinner. Take the infant of depraved parents just after it has been born, and put it in charge of a pious family, where no pains will be spared to bring it up properly, to develop its moral feelings, to keep in restraint its natural ones, and what will frequently be the result when it arrives to adult age. The probability is that, notwithstanding its culture it will exhibit unmistakable signs of depravity, and will bring mortification and sorrow upon those who have fostered it. In consequence of this there are few persons who understand character, who will adopt a child whose parents they do not know to have been correct people. Several years ago, a Superintendent of the house of refuge for depraved children in our vicinity, stated in his valedictory when about retiring from his office, that he had not known one case of reformation during his administration. No more, then, I confidently assert, can an individual change his nature than the Ethiopian his skin.

ARTICLE II.

An Appeal for a More Humane Dressing of New Born Infants.

BY W. B. FLETCHER, M.D., INDIANAPOLIS.

If there be one custom of time-honored folly, which we have continued to this day in the "lying-in chamber," it is that absurd and cruel system of the first dressing. There is no reason for quoting from the most ancient authors to find absurdity upon this point, when our most recent text-books and lecturers give almost the same directions. But even if they did not, how many physicians ever personally attend this important point, whereby the comfort of the child and mother are all at stake. In most cases, as soon as the child is born and the cord divided, it is tied and the baby given to an employed nurse, some wise neighbor, or friend. The question of "What will she do with it" may best be solved by watching her. First she huddles it up in an old shawl or other garment. She is careful to cover its head, as though it were a young puppy she would smother; or rid the world of an infant cat. In a few moments, some one brings water, soap and towels, and also a heap of old linen, and a trunk full of new. The good woman now turns to the blazing fire, or the hot stove, that the baby may not take cold, and while the youngster implores with yells and cries, she bakes its tender skin on one side while she dabbles its head, eyes, mouth and body with a vile solution of frequently very bad soap. After this ceremony has been past (it matters not whether the child be cleaner than before) she turns her attention to the cord, upon which she frequently deposits, slyly, some pestiferous saliva. "Its healin'," she says, and now she follows authority. 1st. She cuts or burns a hole in the centre of a bit of cloth, through which she draws the cord; 2nd. She places a rag upon this; 3rd. A rag upon that, and 4th. She puts on a "binder." Now it is upon this operation she prides herself, if she be a hireling, that is the closeness and compactness with which she can pin the binder round the expanding body of the infant; 5th. She puts on a little garment, called a shirt, which is in fact without body, neck or sleeves, as far as protection goes; 6th. She puts on the "square" with more pins; 7th. She pins on a "waist" with a long skirt; 8th. Another waist with a longer skirt; 9th. A dress. And now the baby is presentable. The doctor sees it's all right, and goes home. He hears not within an hour the stifled screams of compressed lungs, that with every breath are expanding the chest, and the nurse wisely says it appears "colicky," for which it must be drenched with some damned decoction of catnip, sling, brandy, laudanum, water and molasses, etc.

The next visit the nurse swears it's a good child, only a little "colicky," but she can cure that, and away the doctor goes, where he can not hear the little one cry, and see it dosed for screaming on account of the "cord" having become a half putrid, half drying mass, glued and ulcerating to the tender belly.

This picture may be overdrawn for some cases, or for some countries, (if there be any?) where professional nurses are selected for their intelligence, and not from among the most "vulgar ignorant." One thing I am sure of, and that is, upon carefully examining, you will find some of the above named outrages, if not all of them, in force at once.

In my experience, adopted in some sixty cases, I have found the following method of procedure give the most comfort to all hands, by giving the baby no excuse for those cries, which are hardly ever heard if an infant is not uncomfortable.

My baby is first quickly washed by oiling the hand and rubbing the parts to which the secretions have adhered, and then with a soft cloth, soft water and trace of Castile soap, and frequently with warm water alone, the infant may be cleaned. Then I begin dressing. 1st. A bit of lint or linen, two inches square, is tied closely upon the end of the cord like a cap; 2nd. The square, or diaper, of soft and old material, is put on loosely with a diaper pin; 3rd. A fine warm flannel gown, (like a woman's night dress,) with long sleeves, and coming below the feet, is put on, and thus the baby is quickly and comfortably dressed, and placed in its mother's arms, where the temperature of her own body is food and strength for her new-born babe, until the milk is secreted.

Let any physician try this plan, and he will meet with opposition from every old lady in the land. "Why, Doctor, its bowels will burst out when it cries, if you don't pin a binder on?" and a number of similar excuses, for not being directed by the physician. But the physician will be rewarded by finding the infants more clean, sleeping more, and eating more than when uncomfortably dressed, and I believe less liable to umbilical hernia and ulceration about the cord. I have known children rescued from apparent suffocation by simply unpinning a close binder.

ARTICLE III.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M.D.,

Professor of Materia Medica in the Miami Medical College of Cincinnati.

NUMBER I.

The Laryngoscope.—One of the most notable features of our current medical progress is seen in the ingenious and valuable improvements in so many departments of special diagnosis: Many fields of inquiry heretofore necessarily vague and uncertain, and hence unsatisfactory and embarrassing to the practitioner, are now reduced to the definite comfort of exact science. These more positive and exact modes of inquiry are contributing in their various departments very largely to the character and usefulness of our general profession. Take for illustration the advance in ophthalmological science developed with the successful introduction of the ophthalmoscope. Auscultation and percussion have revolutionized the diagnosis of thoracic diseases. Just now we have amongst the recent additions to science the use of the endoscope. All these are rapidly successive steps in the progress of the exact diagnosis of disease, enabling us to grasp the nature of obscure affections and determine their treatment more promptly and satisfactorily than ever heretofore.

As with most all practically useful improvements and inventions, we wonder that so simple an expedient as the laryngoscope should have remained unsuggested heretofore, and we hardly refrain from a feeling of vexation that the early efforts in that direction were so obstinately rejected for a whole century.

The object to be attained is to throw light upon and obtain a view of structures absolutely without the range of any direct line of vision. As Dr. Mackenzie very well states it, "the only principle concerned in the art of laryngoscopy is the optical law, that when rays of light fall on a plane surface, the angle of reflection is equal to the angle of incidence. A small mirror is placed at the back of the throat, at such an inclination that luminous rays falling on it are projected into the cavity of the larynx. At the same time the image of the interior of the larynx (lighted up by the luminous rays) is formed on the mirror and seen by the observer."

To accomplish what seems so ready and feasible to us now, was undertaken in 1743 by a distinguished Frenchman, M. Levret, who used various ingenious instrumental devices for reaching polypoid growths, etc., in the throat and nostrils. He used some form of speculum; and it is quite probable that the dentist's mirror has been used for exploring hidden parts of the cavity of the mouth and throat from time mmemorial.

Bozzini appears in 1807 to have been on the right track, and in 1829, Dr. Babbington, of London, exhibited a plan of inspecting the larynx by a series of mirrors and reflected light very closely resembling the laryngoscope now in use Successively various improvements and advances were made toward the solution of the difficulty proposed, until in 1857, Prof. Czermak, of Pesth, developed and perfected the simple mechanical contrivances now employed by many enthusiastic manipulators all over the medical world. Various claims to priority are preferred in this discovery, some of them doubtless with merit, but Czermak fairly receives the credit of perfecting the mechanism and indeed of creating the art of laryngoscopy. Such of our readers as desire to follow up the literature of this discovery may read with interest the little book of Dr. Morell Mackenzie. So much of the *history* however, of an invention about which considerable has already been said in this journal, we thought due to our readers.

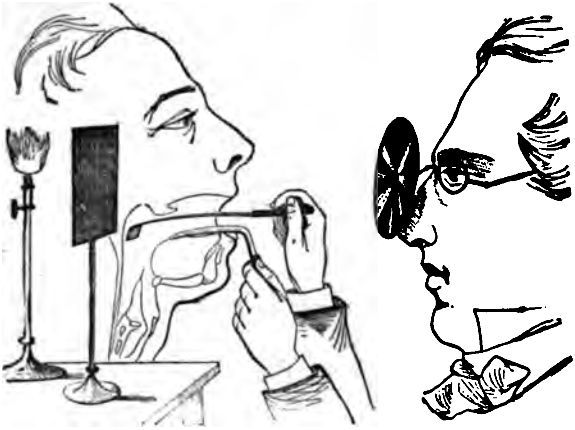
For performing laryngoscopy, ordinarily, there are only required three elements of mechanism, although different operators employ a great variety of extra contrivance adjuvant; indeed each individual soons learns to adapt himself to special and peculiar devices to meet his own peculiar views and expertness. 1st. The *Laryngeal Mirror*, ordinarily an oval or circular mirror, of polished metal, or glass backed with amalgam and protected with metal, about eight-tenths of an inch in diameter, but not uniform in size. This mirror is fixed to a handle or shank, at a convenient angle or curve for introduction into the posterior fauces.

2nd. *The Illuminator.*—Sunlight may be used under favorable circumstances, but usually artificial light will be found more satisfactory and manageable. Ordinary gas light from an argand burner answers a good purpose; a kerosene lamp is employed by many, and various lamps and lanterns have been contrived by different laryngoscopists. These are unnecessary now to detail, as we only desire to make the principal and general plan of operating readily understood by our readers. It is frequently found of advantage to use apparatus, as lenses or otherwise, for concentrating the light.

Now with whatever means of illumination you resort to, you may arrange to throw the ray of light *direct* upon the plane of the laryngeal mirror, or as is more generally practiced, you have

3d. *The Reflector.*—Ruete's ophthalmoscopic mirror seems to have afforded the first suggestion as to a convenient reflector for laryngoscopic purposes. Czermak used it first for concentrating luminous rays, and a modification of this mechanism is still retained. Some attach the mirror to a spectacle frame, the mirror having a central perforation, the operator looks directly through it on the laryngeal mirror. Some attach the reflector to a band passing round the head. The first is Semeleder's plan; the frontal band is the device of Kramer.

With these brief explanations the reader is prepared to understand with but little comment the following woodcut illustration of a laryngoscopic examination, which we are courteously permitted to copy from the last edition of Dr. Bennett's Practice of Medicine, published by Messrs. Wood & Co. of New York.



You observe the laryngeal mirror is held in position by the operator using for this purpose his right hand, depressing the tongue with the common tongue depressor held in his left hand. The gas jet is placed a little to one side and to the rear of the patient's face, the glare being screened from the observer by a mounted shade. In this case the reflector used is a perforated mirror attached to a spectacle frame.

Expertness in the use of the laryngoscope is chiefly the result of practice; nevertheless, the observance of certain precautions will materially assist the operator in the acquisition of dexterity.

Some patients require to be approached by degrees. A partial examination of the faucial region with a few repetitions soon gives to the parts increase of toleration that facilitates the process of a complete laryngoscopic observation.

In cases requiring *operative* procedure, it is well to learn the patient to use the depressor himself, or to acquire the art of holding the tongue in proper bounds with a napkin. In such cases the operator will find the advantage of ambidexterity. He should early learn to introduce the laryngeal mirror with either hand.

Before introducing the mirror, and after the patient is properly seated and the observer has taken his convenient position before his patient, the observer warms the reflecting surface of the mirror a few seconds over the chimney of the lamp, so that the moisture of the expired air will not be condensed upon it; and that he may not make it too hot, he should apply it to the back of his hand to test its temperature.

Considerable tact will be requisite in the introduction of the mirror, as a slight touching of the posterior surface of tongue will cause so much involuntary spasmodic action of the fauces as for the time to prevent any further manipulation. So too to avoid the uvula a little vocal trick is called into service—the vocalization of "ah," "oh," etc.—elevates momentarily the uvula when the operator slips the mirror in situ; carefully avoiding at the same time to tickle the pharynx.

The laryngeal mirror is not to be kept too long in the fauces. The observations are to be made promptly and briefly, and the patient permitted to rest, especially until he has become accustomed to the use of the instrument.

Of course, it will be readily understood that the laryngeal passages are inverted, and the observer must learn to accommodate himself to this reversed position of the structures in all operative processes. We close the present paper by giving views of the healthy larynx as shown by the laryngoscope. These illustrations are also copies from Bennett.

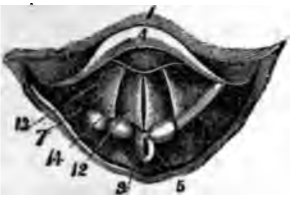


Fig. 2.

Fig. 2 gives a view of the healthy larynx, when the vocal cords are closed as in sounding the high notes.

Fig. 3. is a view during ordinary breathing, and Fig. 4. gives a view during deep inspiration, the trachea straight, the glottis widely dilated, and the rings of the trachea and bifurcation of the bronchi are seen through it.

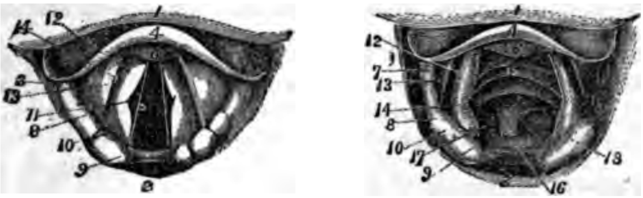


Fig. 3. Fig. 4.

My friend, Dr. Bruhl, has already contributed some interesting papers on these points in former numbers of this journal; nevertheless, in another paper I shall continue this subject and give some illustrations of those structures, as we see them in the more frequent forms of disease.

Medical Societies.

Proceedings of the American Medical Association.

FIRST DAY.—MAY 1.

The Seventeenth Annual Meeting of the American Medical Association was held in the city of Baltimore, at Concordia Hall.

The Association was called to order at 11 A.M., Tuesday, May 1, by the President, Dr. D. Humphreys Storer, of Boston.

On motion of Dr. Bissell, of New York, the ex-Presidents and ex-Vice-Presidents were invited to take seats on the platform.

The Rev. Dr. Spies, of Baltimore, was introduced, and opened the meeting with prayer.

Dr. C. C. Cox, on behalf of the Committee of Arrangements, in an eloquent address, gave a warm welcome to the Association, and hoped that when the short stay of the members was ended, they would have cause to retain kindly remembrances of the Monumental City. He expressed his regret that so few delegates from the South were present, and hoped that now that peace had come, they would again return, and aid the Association with their learning and experience in the great work the profession had before it. He paid a high compliment to the fidelity of the surgeons on both sides during the war, and referred in pathetic terms to the many learned men who have been taken away by death since the Association met in Baltimore, eighteen years ago, and closed by again warmly welcoming the visiting brethren.

THE CASE OF DR. MONTROSE A. PALLEN.

Dr. Cox then offered certain documents exculpating Dr. M. A. Pallen, of Missouri from the charges brought against him at the meeting in Boston, and for which he was then expelled.

On motion of Dr. W. Jewell, of Pennsylvania, the order of business was suspended, in order to allow these to be received.

Dr. Cox moved that the papers be referred to the Committee on Medical Ethics, with a request that they report promptly.

Dr. Ordway, of Boston, was disinclined to have the subject go before a committee, and contended that Dr. Pallen should be as speedily and publicly invited to a participation in the business of the Association, as he had been hastily and unjustly expelled at the previous meeting.

Dr. Davis, of Illinois, favored the reference, because he thought, as the action of last year had been placed upon the record of the Association, that all the action reviewing the work of that meeting affecting Dr. Pallen, should be fully spread upon the record. He would like to have it referred to the Committee on Ethics, with instructions to report as early as practicable.

After much discussion, the whole matter was finally referred to the Committee on Ethics, with instructions to report forthwith.

Dr. Worthington Hooker, of New Haven, stated that he was the only member of that committee present; whereupon Dr. Brinsmade of New York, and Dr. Davis of Illinois, were added to the committee.

Dr. Thomas E. Bond, of Baltimore, moved that the committee to whom was referred the case of Dr. Pallen, be instructed to report the expression of most profound regret that the Associati n should have been hurried into its unjust action to Dr. Pallen; and that they expressed the hope that Dr. Pallen would accept such an acknowledgment as an expression of a frank apology for the great wrong done him. This, together with an amendment, was laid on the table.

Dr. Wm. B. Atkinson, of Philadelphia, the Permanent Secretary, then called the roll of members.

On motion of Dr. Cox, it was determined that the successive morning sessions of the Body should commence at nine o'clock. He afterwards announced the arrangements which had been made for the meeting of the several sections during the afternoons.

Also on motion of Dr. Cox, Dr. James E. Reeves was invited to a seat with the Convention.

Dr. Bond on motion, then brought up his motion with reference to Dr. Pallen.

Dr. Storer, of Massachusetts, explained that the charge against him was not of disloyalty, but that he had been guilty of the grossest unprofessional conduct, in an attempt to poison the Croton Aqueduct.

Dr. Jewell, of Philadelphia, called the gentleman to order, saying that the resolution of Dr. Bond was out of order.

Dr. Holton, of Vermont, thought it rather strange to appoint a committee to report in the premises, and then instruct them how to report.

The uggestion of Dr. Bond, which had been incorporated into a resolution, was finally laid on the table.

Dr. Hooker, Chairman of the Committee on Ethics, then presented the following report, which, after being warmly discussed by Drs. Owens and Bond, of Maryland, and Tyler, of Washington, was finally adopted:

"The Committee to whom were referred the papers in relation to the expulsion of Dr. Montrose A. Pallen, at the meeting of the Association in Boston, respectfully report:

That they have examined the documents and evidence referred to the Committee, embracing papers endorsed by General U. S. Grant, the Vice-Consul of the United States at Montreal, and many citizens of Missouri, and are fully satisfied that the statements on which his expulsion was based were entirely unfounded; and, therefore, regretting the injustice done, both to Dr. Pallen and the Association, we recommend the following resolution:

Resolved, That the preamble and resolution adopted by the Association at its annual meeting in Boston, June, 1865, expelling Dr. Pallen, be hereby rescinded; and that Dr. Montrose A. Pallen be restored to his previous membership in the Association."

On motion of Dr. Ordway, a Committee of Three was appointed to wait upon Dr. Pallen, and inform him of the action taken in his case; and on motion of Dr. Owens, Dr. Cox was made chairman of said committee.

Dr. Pallen was then presented to the Association, and thanked them in an appropriate and feeling manner for the action they had taken in regard to his case.

THE PRESIDENT'S ADDRESS.

Dr. D. Humphreys Storer, the President, followed with his annual address. His subject was that of Specialties in Medicine. The ground which he took was one of encouragement to all such worthy and qualified young men as chose to confine their particular attention to one branch. The address was a well written and interesting one, and commanded the most respectful attention of all present.

On motion of Dr. Holton, of Vermont, the thanks of the Association were tendered to the President, and the address was referred to the Committee on Publication.

The reports of the Special Committees were then called for, and all the papers that were presented were referred to appropriate sections.

The following voluntary papers were then in turn offered, and in like manner referred: "On Luxation of the Hip-Joint, Nine Months Standing, etc.," by Dr. L. A. Sayre, of N. Y.; "On Improvements in Water Pipes," by Dr. J. C. Draper, N. Y.; "On Extirpation of the Uterus," by Dr. H. R. Storer, of Boston; "On Permanganate of Potassa as a Purifier," by Dr. Craig, of D. C.; "On the Application of local Anæstheia to Practical Medicine," by Dr. J. Solis Cohen, of Philadelphia; "On Aluminium in Dentistry," by Dr. Mason, of Mass.; and "On Exsection of Lower Jaw, by Dr. C. Enos, of N. Y.

On motion of Dr. Cox, Dr. E. Brown-Sequard was invited to deliver a lecture before the Association upon the treatment of nervous diseases, at 11 A.M., on Wednesday.

On motion of Dr. Davis (Ill.) Dr. H. Marsden, of Quebec, was elected a member by invitation, and invited to a seat upon the platform.

The meeting then adjourned to meet at 9 A.M., on Wednesday.

PROMENADE CONCERT.

During the evening a promenade concert was given to the members of the Association by the Committee of Arrangements, at Concordia Hall. Although the evening was a stormy one, the attendance of ladies and gentlemen was unexpectedly large. At the conclusion of the concert, the company was regaled by a magnificent supper.

SECOND DAY—MAY 2.

The Association was called to order by the President, Dr. D. H. Storer, at 9 A. M.

The Committee on Epidemics, Meteorology, etc., having been called upon, Dr. Davis stated that Dr. Hamill had presented a report which he had taken to the Section on Epidemics, etc.

Dr. Cox made an additional report from the Committee on Arrangements on Railroads, that invitations had been received from Drs. Smith and Donelson, for the members of the Association to visit their houses that evening. He also recommended the following gentlemen as members by invitation: Drs. John A. Reed, W. Whitridge, L. M. Eastman, of Baltimore; Peter Parker of China. They were elected.

On motion of Dr. Davis, the order of business was suspended.

The report of the Committee on Publication was read and accepted.

On motion of Dr. Sayre, of New York, the Publishing Committee were authorized to enforce strictly due care in regard to proofs, etc.

The Treasurer then read his report, which was referred to the Committee on Publication.

On motion, the order of business was resumed.

On motion of Dr. Davis, a recess of fifteen minutes was taken by the Association, to allow of the appointment of members of the Nominating Committee.

THE NOMINATING COMMITTEE.

On the resumption of business, the following members of that Committee were announced:

J. C. Weston, Me.; J. C. Eastman, N. H.; Wm. McCollim, Vt.; J. R. Bronson, Mass.; D. King, R. I.; W. Woodruff Conn.; J. C. Hutchinson, N. Y.; W. Pierson, Jr., N. J.; H. F. Askew, Del.; John L. Atlee, Pa.; J. J. Cockrill, Md.; M. A. Pallen, Mo.; N. S. Davis, Ill.; W. Lockhart, Ind.; J. M. Withercone, Iowa; N. R. Bozeman, Ala.; C. M. Stockwell, Mich.; H. Van Duzen, Wis.; T. A. Atchison, Tenn.; G. Fries, Ohio; G. Tyler, D. C.; W. M. Charters, Ga.; J. Simpson, U.S.A.; N. Pinkney, U.S.N.; Greensville Dowell, Texas.

Dr. W. Hooker offered the following resolution, which was unanimously adopted:

Resolved, That no report or other paper shall be presentnd to this Association unless it is so prepared that it can be put at once into the hands of the Secretary, to be transmitted to the Committee on Publication."

Dr. Wister, of Pa., offered the following, which was adopted:

"*Resolved*, That Drs. Grafton Tyler, W. P. Johnson, and Jas. M. Toner, of D. C., be a Committee to procure a room in the Smithsonian Institution, for the preservation of the Archives of the Association."

The Committee on Medical Education not having prepared a report, Dr. J. F. Hibberd offered instead thereof the following preamble and resolution, and moved that it be adopted as the sentiment of the Association:

"*Whereas*, Two-thirds of the Medical Colleges of the States of Ohio, Michigan, Illinois, Iowa, Missouri, Kentucky, and Tennessee, by delegates in convention assembled in Cincinnati, on the 24th of April ult., did, by resolution unanimously adopted, declare their willingness to make their annual college sessions to continue for six months, and to establish a uniform rate of fees, if the other principal colleges of the country will co-operate; now, therefore,

"*Resolved*, That the American Medical Association hereby expresses its warmest approbation of the action of the above recited colleges, and expresses the hope that every Medical College in the Union will concur in the proposition thus made."

On motion of Dr. Taylor, of Iowa, its consideration was postponed till 11 A. M. on Thursday, to be acted upon in Committee of the Whole.

Dr. C. A. Lee, of New York, commenced reading his report upon Medical Literature. He divided up his subject as follows: I. Periodical Medical Press. II. Medical Literature of the War. III. Literature of the Sanitary Commission and of Sanitary Sciences. IV. State and County Society Transactions. V. Literature of Special Subjects and of Specialties. VI. Literature of Pharmacy and Materia Medica. VII. Of Vital Statistics. VIII. Of Life Assurances. IX. And of Introductory Lectures.

He was interrupted at eleven for the regular order of business, which was a lecture of Dr. Brown-Sequard, on the Treatment of Functional and Organic Diseases of the Nerves. We hope to give our readers a detailed report of this very interesting lecture in a future number.

On motion of Dr. Raphael, of New York, the thanks of the Association were tendered to Dr. Brown-Sequard for his interesting, able, and eminently practical lecture, and he was requested to furnish an abstract for publication.

Dr. C. A Lee then resumed the reading of his report.

After this had continued for some time, on motion of Dr. Toner, the further reading was discontinued, and the paper referred to the Committee on Publication.

Dr. Gross, Chairman of Committee on Medical Education, reported that he had not prepared a report, and asked that the Committee be discharged, which was granted.

REPORT OF PRIZE COMMITTEE.

Dr. E. Eliot, Secretary of the Committee on Prize Essays, read the report of that Committee.

On breaking the seals, Dr. W. F. Thoms, of New York city, was ascertained to be the author of the "Essay on Health in Cities," etc., and was entitled to the first prize, and Dr. S. R. Percy, of New York, on "Digitaline," etc., to the second.

On motion, the paper on Angular Curvature of the Spine was referred to the Section on Surgery.

The report of the Committee on Medical Ethics having been offered, it was made the special business for 9 30 on Thursday.

Dr. Marsden, of Canada, having been announced as desirous of making some remarks on Cholera.

On motion, it was agreed that he should follow immediately after the report on Medical Ethics.

Dr. Cohen offered a paper on Paralysis of the Vocal Chords and Aphonia, etc. Referred to the Section on Surgery.

Dr. H. R. Storer offered a paper on the "Clamp Shield," an instrument designed to lessen the dangers of extirpation of the uterus by abdominal section.

Dr. Bozeman, of Alabama, was introduced to the Association, and on motion of Dr. Holton, he was made the member of the Committee on Nominations for Alabama.

Dr. Askew offered the following resolution on the death of Dr. Cowper, which was unanimously adopted :

"*Whereas*, We have heard with profound regret of the death of our deservedly esteemed friend and associate, James Cowper, M.D., of Delaware, late Vice President, and one of the founders of the National Medical Association ; and whereas, we desire to express our high appreciation of his worth as a man, and valuable and untiring energy in the cause of medical science ; mild, modest, and unassuming, of devoted piety, he was firm, constant, and reliable ; a strict adherent to the ethics of the profession, he occupied a front rank. and died beloved, respected, and lamented by all who knew him,

"*Resolved*, That in the death of Dr. James Cowper we have lost a friend and brother, and that we sincerely and deeply condole with his sorrow-stricken widow and family, and that the Secretary be authorized to forward a certified copy of these resolutions to his family."

Dr. Toner, of D. C., offered the following resolution, which was adopted :

"*Resolved*, That instead of yearly reprinting the list of members of the American Medical Association with the Transactions of the same, the Secretary be instructed to prepare and have printed in pamphlet form, a triennial alphabetical catalogue, containing the Constitution of the Association, and a list of members with their full names, designating their residences, the year of their admission, arrearage of yearly dues, the offices they may have held in this body, and in case of death or resignation, the year, and distribute the same among the contributing members."

On motion, the resolution was referred to the Committee on Publication.

Dr. J. C. Hughes, of Iowa, offered a paper on Lithotomy, which was referred to Section on Surgery.

Dr. Taylor, of Iowa, introduced a resolution for the appointment by the President of the Associatian of a member from each State, to memorialize Congress for an appropriation to publish the reports and documents of the Surgeon-General of the United States.

Dr. Pallen recommended that the reports and documents of the like character connected with the rebel army, be also referred to the same committee for access to the same. Dr. Pallen, after some discussion, withdrew his amendment.

The original motion was carried.

It was then moved that the President announce said Committee on Thursday morning.

The meeting then adjourned.

SECOND EVENING.—SOIREES AT PRIVATE RESIDENCES.

The evening was occupied by the members of the Association in responding to the kind invitations of the physicians of Baltimore to soirees at their respective residences. The houses of Drs. C. C. Cox, Bond, Surgeon Simpson, U.S.A., Prof N. R. Smith, and others, were thrown open. The entertainments were of such a character as reflected great credit upon the taste and hospitality of the gentlemen concerned.

THIRD DAY.—MAY 3.

The Association was called to order at 9 A. M. by the President, after which, the announcement of the members of the Committee to memorialize Congress on the publication of the surgical history of the war, was made.

Dr. C. C. Cox, of the Committee on Necrology, reported progress, and on motion of Dr. Hibberd, permission was given the reporter to send the report when ready to the Committee on Publication.

THE DEATH OF PROF. JOSEPH M. SMITH, OF NEW YORK.

"*Resolved,* That the Association has heard with sincere regret of the death of its late distinguished member, Joseph M. Smith, M.D., of New York.

"*Resolved,* That we cherish his memory as that of a learned and skillful cultivator of medical science, an able and successful teacher and writer, an upright and honorable man, and a patriotic and public spirited citizen.

"*Resolved,* That the Secretary communicate to the family of the deceased, an expression of our sympathy with them in their bereavement."

Dr. C. A. Lee arose to speak to these resolutions, which he did with much feeling. He hardly thought that it was necessary to say anything in regard to the life or character of such an excellent and well beloved man, but as he had been intimately acquainted with him for over thirty years, he did not think it out of place for him to say a few words. After referring in an appropriate manner to his acquaintance with the deceased, he remarked "that a more pure, upright, and conscientious man I never knew, particularly with reference to his intercourse with medical men. When I think of the great loss we have sustained in him, I am at a loss to express myself."

Dr. J. S. King, of Natchez, Mississippi, forwarded a communication to the Association, stating that he was engaged in the compilation of the mortuary and similar statistics of the principal cities and towns of the country, and requesting that physicians would transmit to him such information upon those subjects as they could gather in their respective localities.

The Secretary read a communication from the Dubuque (Iowa) Medical Society, requesting the erasure of the name of Dr. Asa Holt.

On motion of Dr. Jewell, the request was granted.

Dr. Maybury, on behalf of the Committee on Publication, to whom Dr. Toner's resolutions were referred, reported the following as a substitute, which on motion was adopted:

"*Resolved*, That instead of yearly reprinting the list of members of the American Medical Association, the Committee on Publication be instructed to prepare and print with the Transactions, an alphabetical catalogue triennially, containing a complete list of the permanent members, with their names in full, designating their residences, the year of their admission, the offices they may have held in the Association, and in case of death or resignation, the date thereof."

Dr. Maybury also presented the following, which, on motion, was referred to the Committee on Ethics.

"*Whereas*, Medical organizations, such as National, State, and County Societies, are believed to be absolutely necessary to preserve the honor of the medical profession, and to keep alive social and fraternal feelings among the members thereof, as well as an important means of promoting medical knowledge and elevating the character of the profession, therefore,

"*Resolved*, That it is with sincere regret that we, the members of the Montgomery County Medical Society of Pennsylvania, learn that some honorable members of the Faculties of our Medical Colleges in Philadelphia and elsewhere, have kept aloof from the County Societies on which rest both State and National organizations, thus ranging themselves on the side of those whose unprofessional conduct or low standard of medical attainment, or disregard of medical etiquette, prohibits them from membership in those societies.

"*Resolved*, That as graduates of the University of Pennsylvania, Jefferson Medical College, and Pennsylvania Medical College, we have a high regard for the teachers of those institutions, and feel that they owe it to the profession and to our Alma Mater to give their hearty support to medical organizations in general, and especially to the County and State Medical Societies.

"*Resolved*, That although Colleges are entitled to representation in the American Medical Association by one or more of their Professors, we are decidedly opposed to any College or any other medical organization being represented by a Professor who is not a member of a County Society.

"*Resolved*, That the Corresponding Secretary of this Society be instructed to report these proceedings to the Philadelphia County Medical Society, and that our delegate be charged to lay them before the American Medical Association at the coming meeting to be held in Baltimore on the first day of May next, as well as before the Medical Society of the State of Pennsylvania at its next meeting, to be held at Kingston in Luzerne County, on the thirteenth day of June ensuing."

W. P. Robinson,
President Montgomery Co. Med. Soc., State of Pennsylvania.
E. Smyser, *Corresponding Secretary.*

THE REPORT OF COMMITTEE ON ETHICS—SPECIALTIES IN MEDICINE.

Dr. Worthington Hooker offered the majority report, and in the main took the ground adverse to exclusive specialties. He divided up the subject into exclusive and partial specialties. In reference to exclusive specialism, he maintained that local affections were apt to be unduly estimated, to the exclusion, perhaps, of other parts of the system that were of more importance in the production of a particular disease ; that diseases cured by a specialty are magnified in their importance ; that specialists too frequently undervalue the treatment of diseases by the general practitioner ; that there is a temptation to employ undue measures to obtain notoriety ; and that he is further tempted to charge unduly large fees. The fields of medical practice were so large that the profession was always willing to seek advice from those who had devoted attention to particular subjects ; but this should not encourage exclusive specialism. The specialty should be a natural outgrowth from the general practice, and should never be separated from it. If this were so, a full, frank, and free intercourse would be had between the specialists and general practitioners. The means availed of by the specialties to bring this fact before the public should be ordinary, and not extraordinary. There should be neither advertisements nor puffs in the newspapers. The professor in a school has been chosen for it by those who are competent to discuss his merits for that position, if he were by himself to place before the public the fact that he is specially skilled in the branch taught by him, he would come under this censure.

The report was well drawn up, and claimed the undivided attention of the members.

Dr. Kennedy, of New York, followed with a minority report, stating that he would read it in the absence of the writer. The writer believes that the whole tendency in every department of science is toward specialties. Science has been advanced during the last century by this course. Recently this tendency has shown itself in the persons of certain practitioners who resign all general practice, and confine themselves to the specific department they have chosen. No association can object to the advertisement in such cases, unless it is of a mountebank character. The report was signed by H. J. Bowditch.

The subject was then discussed by Drs. H. R. Storer of Boston, Worthington Hooker of New Haven, and others ; but the hour of eleven having arrived, Dr. W. Marsden of Quebec was introduced, and proceeded to address the Convention on the subject of Cholera connected with Quarantine.

CHOLERA AND QUARANTINE.

Dr. Marsden, of Quebec, according to previous appointment, made some remarks upon Cholera. He commenced by stating his belief in the communicability of Cholera, and the efficiency of a rigid quarantine. He had witnessed the first case that had occurred on the American continent, and since that time had given much attention to the study of the disease. He was now convinced that every case of Cholera could be traced to infection, and that the proper soil for the propagation of the disease was to be found in filth and the neglect of the ordinary sanitary precautions. He believed that all clothing from patients suffering from the disease should be destroyed, and thus be prevented from spreading the disease. He believed that isolation would prevent the appearance of the disease in any community, and related an instance in point which had made such a strong impression upon him that he was caused to think first of his plan of quarantine. It seems that a schoolmistress, in a locality where Cholera threatened to make its appearance, consulted the doctor on the best course to pursue. He advised her, as soon as the disease should appear, to isolate the school from the rest of the town, by closing her gates and doors. This was done, and not a single case of Cholera occurred within the walls. Dr. Marsden next gave the members a detailed account of his system of quarantine. As all of our readers may not be familiar with this plan, we will quote from his printed report which he gave us :

"1. The Cholera Quarantine Station shall be divided into three separate and distinct sections or departments.

"2. Each of these three sections or departments shall be isolated and separated from the others by a *cordon* or portion of neutral ground of not less than one hundred feet wide.

"*a.* One of these sections or departments shall be appropriated to the use of the sick, and shall be the Hospital Department.

"*b.* The next or central section or department shall be devoted to the use of passengers not having had Cholera, but from infected vessels.

"*c.* And the third or healthy section or department shall be appropriated to the use of the healthy, who have been removed from the central department, after having performed quarantine there.

"*A.* In the first section or department there shall be three separate and distinct hospitals, besides a convalescent shed or hospital.

"*a.* The one for confirmed cases of Cholera to be called the Cholera Hospital.

"*b.* Another for cases of choleraic diarrhœa, or other premonitory symptoms of Cholera, to be called the Hospital for Cholerine.

"*c.* The third for all other diseases not Cholera, or cholerine, but coming from on board infected vessels, or vessels having had cases of Cholera on board, to be called the General Hospital.

"*B.* The next or central section or department, shall be the primary quarantine department, and shall be appropriated to all persons who are not sick, but come from vessels having had Cholera on board, and wherein every case on landing shall undergo inspection, washing, cleansing, and purifying both of persons and personal effects. There a quarantine ot four days shall be performed, at the end of which period of time all such persons as continue in sound health shall be removed to the Final Quarantine Department, and any that may fall sick or be threatened with sickness during the four days of probation shall, as soon as detected. be removed to the proper hospital, in the Hospital Department. There also the healthy inmates shall be removed daily to a new locality, thus occupying four different habitations during their sojourn.

"*C.* The third, or healthy department, shall be the Final Department, and shall be for all cases coming from the Primary Quarantine Department, after having been cleansed, washed, and disinfected, and after having undergone tне *four days'* quarantine ; and here a further quarantine of *six days* shall be performed (excepting cases coming from the convalescent hospital or shed, hereinafter provided for), making in all *ten days* of quarantine, when all persons continuing healthy shall be discharged from quarantine, and be removed from the station. If any premonitory symptoms or other cases of sickness occur in this department during the six days of quarantine, they shall, as soon as discovered, be removed to the proper hospital, in the Hospital Department.

"No communication shall take place with the Hospital Department, except through the central or Primary Quarantine Department, for which purpose a passage, unfrequented by the persons undergoing quarantine, shall be set apart and reserved."

Dr. Lee moved the thanks of the Association to Dr. Marsden for his interesting and practical address, and the request of the body that he furnish it with a digest of his communication.

Dr. Bond amended, that those papers accompanying the lecture be commended to the city authorities, and the authorities having such matters in charge throughout the country, for their action.

Dr. Jewell thought the matter should be further investigated, and moved its reference to the Section on Hygiene, to meet that afternoon.

The special business of the day was suspended to allow the Committee on Nominations to report.

THE OFFICERS FOR 1866-7.

President—H. F. Askew, Delaware.

Vice-Presidents—W. K. Bowling, Tennessee ; J. C. Hughes, Iowa ; H. J. Bowditch, Massachusetts ; Thos. C. Brinsmade, New York.

Permanent Secretary—Wm. B. Atkinson, Pennsylvania.

Treasurer—Casper Wistar, Pennsylvania.

Assistant Secretary—W. W. Dawson, Cincinnati.

Committee of Arrangements—Drs. John A. Murphy, Jas. Graham,

R. R. McIlvaine, J. P. Walker, J. S. Unsicker, William T. Brown, Wm. B. Davis, Cincinnati.

Committee on Medical Education—Drs. S. D. Gross, D. F. Condie, John Bell, H. J. Bigelow, Charles A. Pope.

Committee on Prize Essays—Drs. Francis Donelson, Maryland; Simpson, U.S.A.; C. C. Cox, Warren, Van Bibber.

Committee on Publication—Continued.

Committee on Medical Literature—Drs. A. C. Post, Jas. Anderson, H. D. Noyes, T. G. Thomas, Stephen Smith, all of New York.

Committee on American Medical Necrology—Dr. Wood, Delaware, substituted for Dr. Cooper; Jno. L. Callender, in place of Dr. Bowling; Jno. Blaine, in place of Wm. Pearson. The following were added: Drs. R. D. Arnold, Georgia; Lopez, Alabama; G. Dowell, Texas.

Committee on Climatology—H. Jones, in place of C. L. Allen, Vermont. The following were added to the Committee: Drs. U. Harris, Georgia; G. Engelman, Missouri; R. Miller, Alabama; Fenner, Louisiana; G. Dowell, Texas.

All special committees are to be selected by the sections to which the subjects relate.

THE NEXT PLACE OF MEETING.

The place recommended for the next annual meeting of the Convention is Cincinnati, Ohio, on the first Tuesday in May.

On motion of Dr. Ordway, of Boston, the report of the Committee was adopted.

On motion, the Association went into a Committee of the Whole to discuss the resolution offered by Dr. Hibberd, having reference to extending the time for the course of study in the different Medical Colleges.

The whole matter was earnestly discussed by Drs. D. H. Storer, Worthington Hooker, Wright, of Ohio, Davis, of Illinois, and others, and resulted in the passage of the following resolution, offered by the last gentleman:

"*Resolved*, That the Association most earnestly request the Medical Colleges of the country to hold a Convention for thoroughly revising the whole system of Medical College instruction for the purpose of establishing more uniformity of time, and a more systematic course of instruction for the whole."

The report of the Committee of the Whole was adopted, and a Committee consisting of Drs. Davis, W. Hooker, S. D. Gross, Wright, and Shattuck, was appointed.

Dr. C. C. Cox read the report "On Rank in the Army," which was referred to the Committee on Publication.

Dr. Cox then offered the following, which was adopted:

"*Resolved*, That the President of this Association bring before the notice of the Military Committees of both Houses of Congress, at as early a period as possible, the present status of medical men in the military service of the United States, and urge upon them that in the army medical bills, under consideration of Congress, the interests of the medical profession shall be so regarded that the medical staff in the service shall, numerically considered, receive the same rank and command as officers in other staffs of the army are justly entitled to."

The Committee appointed to act on the foregoing resolution were Drs. D. H. Storer, C. C. Cox, Antisell, Johnson, and Allen.

On motion of Dr. Cox, the following members, by invitation, were elected: W. D. Stewart, Va.; W. S. Forward, H. W, Stump, and J. L. Chaplain.

A Committee was appointed on the subject of Fracture of the Spine, of which Dr. Brown-Sequard was made chairman.

On motion, Drs. Post, Antisell and Atlee were added to complete the Committee on Medical Ethics.

SPECIALTIES AGAIN.

On motion, the report of the Committee on Ethics, which had been laid on the table, was called up.

On motion of Dr. Toner, the resolution attached to the minority report was omitted, and the reports were both adopted.

A motion to reconsider next prevailed, and the resolution was added to the minority report referred as before.

Dr. Homberger, of New York, made a request to offer a personal explanation, which after considerable discussion, confusion, and sensational speaking, was granted.

On motion of Dr. Sayre, it was agreed to hold an adjourned meeting at 5 P. M., to discuss the subject of Cholera.

A communication from Dr. McGee, "On Periosteal Flap Amputations," and one from Dr. Elsberg, New York, "On Diagnosis of Diseases of the Larynx," received, and both referred to the Section on Surgery.

The meeting then adjourned.

[By agreement a special meeting was held at 5 P. M., devoted to the discussion of Cholera, which we omit in our report.—ED.]

THIRD EVENING, MAY 3.—ENTERTAINMENT BY THE CORPORATE AUTHORITIES.

The corporate authorities of the city gave an entertainment to the members this evening, at which were present all the notabilities of the city, including the principal officers and members of the City Council. The entertainment was prepared in the most generous and munificent manner, and reflected infinite credit on the donors. Between four and five hundred gentlemen were present. The supper was called at nine o'clock. A band of music, stationed in the gallery, initiated the occasion with an appropriate air, and at intervals in the course of the evening performed all the national hymns and songs. After discussing the substantials of the bill of fare, the customary toasts were given by Dr. J. Faris Moore, toast-master, and suitably and eloquently responded to by gentlemen of the municipal government of the city, and the officers and members of the Association, the attention and laudations of the great assemblage being specially directed to the eloquent response made by Dr. N. Pinckney to the toast, "The navy of the United States and its medical corps." Other toasts were equally well received, and the interest of the supper was sustained until a late hour in the evening.

FOURTH DAY.—MAY 4.

The Association was called to order at the appointed time, 9 A. M., by the President. After which, the minutes of the previous sessions were read by the Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia.

Dr. Cox was, on motion, accredited as a delegate to the Foreign Societies.

Dr. Garrish, of New York, offered the following, which was adopted:

Resolved, That all the members of this Association urge upon the Legislatures of the various States the great importance of making it compulsory that all marriages, births, and deaths be registered.

MEDICAL RANK IN THE NAVY.

The Naval Committee appointed at the last meeting of the National Medical Association having failed to report upon the subject of naval medical rank, it was moved by Dr. Cox that Surgeons Wm. M. Wood, Ninian Pinckney, and David Harlan, U.S.N., be appointed a committee to report upon this subject at the next meeting of the Association. Adopted.

Various amendments were next brought up and laid upon the table.

The reports of the various sections were then in turn called for, and adopted. They will be found in another place under appropriate headings.

Dr. Holton, of Vermont, offered the following, which was unanimously adopted:

"*Whereas*, The author of the Essay, Dr. H. R. Storer, to whom the prize of $100 from this Association was awarded in 1865, refused to receive the amount thus awarded, consequently increasing the resources of the Association to that amount; therefore,

"*Resolved*, That the thanks of this Association are hereby tendered to Dr. H. R. Storer for this display of liberality."

The Committee on Ethics appointed to report on the resolutions of the Montgomery Medical Society, recommended a reference of the whole matter to the Medical Society of that State.

Dr. Holton offered the following, which was lost:

"*Resolved*, That at the future meetings of this Association there shall be held two general sessions, one in the morning and one in the evening, unless otherwise ordered."

Dr. King, of Pittsburg, offered the following:

"*Resolved*, That this Association, approving of the system of quarantine proposed by Dr. Marsden, of Canada, as the most effectual means for preventing the introduction of Cholera into this country, do earnestly recommend the propriety of its adoption at all our ports of entry, to the favorable consideration of Congress."

The House then on motion, after a little discussion, went into a Committee of the Whole, Dr. Davis being Chairman.

The resolution of Dr. King was then taken up, and after much discussion,

Dr. J. H. Burge, of Brooklyn, offered the following, which, after eliciting many remarks from Drs. Horton, Storer, Post, Lee, Pinckney. (U.S.N.), Marsden, and Dr. J. Anderson (N. Y.), was on motion laid on the table. The following is the resolution:

"*Resolved*, That this Association appoint a Committee of Ten to memorialize Congress to the following effect: That whereas, in the opinion of many eminent physicians, the system of quarantine recommended by Dr. Marsden, of Canada, for protecting our country from Asiatic Cholera would prove effective; therefore. *Resolved*, that we earnestly petition the government of the United States to make an immediate and ample appropriation, and take all other necessary measures to test the utility of said system"

The Committee of the Whole rose and reported accordingly.

The President resumed his seat.

Dr. Cox moved that Dr. J. C. Tucker, of Nevada, be a member by invitation. Adopted.

Dr. Stokes offered the following as the report of the Section on Psychology, which was accepted and referred:

"The section on Psychology unite in requesting that a committee be appointed to make a report at the next annual meeting on Insanity, and ask that Dr. J. Ray, of Providence, R. I.; Clement C. Walker, Massachusetts; A. B. Cabaniss, Mississippi; W. S. Chiply, Kentucky; John Fonerdin, Maryland, be appointed said Committee.

CLEMENT C. WALKER, *Chairman.*

WM. H. STOKES, *Secretary.*

The report of the Committee of the Whole in reference to the question of quarantine was then adopted by the Association.

DEATH OF PROF. D. L. MAGUGIN, OF IOWA.

Dr. Taylor, of Iowa, presented the following:

"*Whereas*, After a long and laborious life devoted to the practice of medical art and promotion of the interests of medical science, Dr. D. L. Magugin, of Iowa, has been called to the final rest of all good men:

"*Resolved*, That the Association, while deeply regretting the loss they have sustained, will ever keep alive the memory of his many virtues and professional worth, and commend the example of his untiring devotion to our common cause.

"*Resolved*, That a copy of these resolutions be furnished his family with sincere condolence."

Dr. Garrish, of New York:

"*Resolved*, That the members of this Association tender their heartfelt thanks to our professional brethren of Baltimore for the liberal, cordial, and satisfactory manner in which they have entertained us."

Dr. H. R. Storer offered his report as Delegate to the last meeting of Superintendents of American Institutions for the Insane, and presented the following for adoption:

"*Resolved*, That the Association recommend to the several medical and law schools of the country, the establishment of an independent chair of Medical Jurisprudence to be filled if possible by teachers who have studied both law and medicine; attendance upon one full course of lectures from whom shall be deemed necessary before the medical degree is conferred.

"*Resolved*, That while this Association regrets that the Association of Superintendents of American Asylums for the Insane has not yet thought fit to unite himself more closely with the representative body of American physicians, it still is of opinion that such union is for their mutual and reciprocal advantage, and that it ought to be effected without further delay."

On motion, the above was adopted.

After the transaction of business of minor importance, the Association adjourned *sine die*.

Proceedings of the Union Medical Society.

ALLIANCE, OHIO, May 24, 1866.

The Union Medical Societies of the Counties of Mahoning, Portage, Stark, Columbiana and Carrol met at this place on the 24th inst. Dr. Brooke, of Marlboro, President, in the chair.

The annual election of officers resulted in placing in the chair as President, Dr. Carey, of Salem, Ohio, and other officers as required.

A committee of five was appointed to effect an organization of County Societies in the Counties embraced in the Union Association.

A committee was appointed to determine the most practicable mode of expending the surplus funds of the Society.

An essay was read by Dr. R. P. Johnson, advocating the use of nitric acid as an useful remedial agent in syphilis.

Dr. Fawcett reported a case of death occurring from hæmorrhage from the umbilical cord in an infant five days old. The cord was thrown off in the usual manner at the end of five days, bleeding following on the sixth day. Astringents were employed with compresses, which arrested it for a short time, but temporarily only. The opinion of the Society upon the treatment being asked, Dr. Carey responded by saying that if astringents had failed, he would have used the actual cautery, or ligature.

Dr. K. G. Thomas reported a similar case, resulting in death, in which the actual cautery had failed to arrest the hæmorrhage, the child dying before other means were made available.

Six new members were admitted, and other business pertaining to the executive department transacted when, after appointing Dr. Kay essayist, and Dr. D. A. Morse to deliver an address, the Society adjourned to meet at Salem, Ohio, on the last Thursday in August.

At the next meeting of the Society, Cholera will be the subject of discussion.

M. M. GUYON AND CLOQUET ON THE NATURE OF CHOLERA.—In a communication addressed to the Academy of Sciences by M. Guyon, he advocates the existence of a relation between Cholera and the sweating sickness, a principal difference being that in the sweat the body is rapidly deprived of fluid by the external surface, in Cholera by the internal. In the discussion which followed, M. Cloquet, whilst allowing that the diarrhœa is a copious colliquative intestinal sweat, traced the original action of the poison to the nervous system. His conclusions were, that Cholera poison, whatever it be, exerts its influence primitively on the nervous system; 2. That the functional disorders observed in Cholera depend on the modifications that the nervous system, under the influence of the morbid principle, impresses on the functions of all the organs dependent on it; 3. That we may hope to combat Cholera by therapeutic agents which act on the nervous system in an opposite manner to that of the poison and which may, therefore, neutralize its action and annul its consequences.—*Gazette Medicale*, *Nov.* 18.

Commercial Hospital Reports.

Clinical Reports of Commercial Hospital—Pelvic Cellulitis.

Service of Prof Mendenhall, May 12th. Reported by Jno. L. Neilson, Jr., M.D., Resident Physician.

Gentlemen:—The case I present to you this morning is one of very considerable interest. It is Pelvic Cellulitis, or inflammation of the cellular or connective tissue of the pelvis. The term Pelvic Abscess, is sometimes applied also, but it is not proper unless the disease proceeds to suppuration, which it does not always do. It is a disease of not unfrequent occurrence, although it is only in modern books, written within the last twenty years, that you will find any account of it. It has been described by some of our oldest medical authors, but the true nature of it has been lost sight of until within about the period named. It is of very great interest, and sometimes difficult of diagnosis, especially in its advanced stages. No age is exempt from it. It may occur in the young child, and also in those of greatly advanced age. It is, however, most liable to occur after labor, or in cases where abortion has taken place. Derangements of menstruation, particularly if obstructed by changes of temperature, may also cause it. Excesses in copulation is not an unfrequent cause.

The *symptoms* vary with the stage of the disease. Early there may be chilliness preceding the fever, and pain and tenderness of the parts within the cavity of the pelvis. More or less swelling occurs, which may be ascertained by a per vaginam and per rectum examination. Abdominal palpation and percussion may also develop the existence of enlargement and greater or less tenderness above the pelvic brim. The general symptoms are such as are usually developed in any case of local inflammatory action. In advanced cases the enlargement may be very great, and extend in such directions, and occupy regions, so as to render a diagnosis of the case very difficult. The disease may terminate in various ways. In the first place, resolution may take place, in which case the term pelvic abscess would not be applicable. Effusion of serum may occur with a considerable collection of this fluid. It may terminate in induration of the parts inflamed, by the effusion of coagulable lymph, which may continue for some time. Even when suppuration takes place, indurated portions may remain after healing of the abscess. Suppuration may result, and the pus point in various directions so as to be discharged spontaneously. This may take place into the rectum, vagina, bladder, externally above the pelvic brim, and into the peritoneal cavity. Sometimes a very large accumulation of pus may exist for a long time without an opening being made in any direction, in which case, if not accurately acquainted with the history of the disease, an error of diagnosis is very easy to be made. The most frequent and favorable place of pointing is in the upper portion of the vagina posteriorly, behind the cervix uteri. An opening into the rectum is not unfavorable, but if into the peritoneum it is usually fatal. When fluctuation shows itself, an opening should be made, but caution should be observed, and if any doubt exist as to the character of the enlargement, an exploring needle should be used before a puncture is made with a lancet or bistoury. When it is possible, an opening should be made through the vagina or rectum, unless there is pointing above the brim of the pelvis. Sometimes there is a large amount of sloughing of cellular tissue connected with an abscess, which it may be difficult to evacuate through an opening without it is made tolerably large, and special means are used to effect this object.

The *prognosis* in the large majority of cases is favorable, provided there is proper treatment early. In proportion as disorganization and hectic symptoms supervene, the gravity of the case must necessarily be increased.

The proper *treatment* will, of course, depend upon the stage of the disease. In the early part, antiphlogistics to a greater or less extent, will be necessary. General bleeding may be proper, if the pulse and violence of the local symptoms demand it. Local depletion by leeches should be had to a greater or less extent, according to circumstances. They may be applied over the lower part of the abdomen; to the uterus through a tube in the vagina, or which is perhaps better to the anus and perineum. Mild mercurial cathartics, together with a more or less extended influence of the remedy will be applicable in many cases. Blisters are sometimes useful, but their peculiar effects on the urinary organs must be prevented. The continued application of iodine ointment or the tincture of iodine over the inferior portion of the abdomen is the best local revulsive, and can hardly be dispensed with. The horizontal position and perfect rest should be enjoined rigidly. Opium is a necessary article in the treatment, to the extent of keeping the patient in a condition comparatively free from pain. As the suppurative stage advances and the discharge of pus takes place, supporting treatment will be necessary. Symptoms of hectic will often require attention and the preparation of bark and mineral acids will be proper The case before you came into the hospital in an advanced stage. Suppuration had taken place, and there was no opportunity to apply treatment applicable to the early stage of the disease. The history of the case taken from the register of the hospital is as follows:

E. W., aged 20 years, mother of two children, admitted into the house April 6. Patient states that February 2, 1866, she fell the distance of eight feet, bringing on premature labor and the expulsion of an eight months' fœtus, which lived only a few hours. Soon after labor she was removed from a canal boat where the child was born, to a boarding house. She had during the whole period of utero-gestation, previous to this accident, enjoyed good health. There were no particular complications attending the parturition; lochial discharge ceased on the fifth day, and nine days after confinement she left her bed and returned to the boat, resuming her duties as cook. In the course of a week of active exertion, she began to have severe pain across the loins extending around upon the thighs, bearing down sensations in the region of the uterus and a discharge from the vagina. She also suffered constantly with fever and general malaise. These symptoms persisting, she steadily lost flesh and strength, but was not compelled constantly to keep her bed, until the second week in March. The discharge varied in quantity from a mere moisture to several ounces in the twenty-four hours, and in color and consistence from a creamy, turbid fluid to a white or transparent viscidity. During the last week in March, there was a marked increase of pain and a circumscribed fullness began to present in the right iliac region, indicating the involvement of the right broad ligament. Two days before admission had some difficulty in passing urine. She further states that since her accouchment she has had frequent sexual intercourse with her husband, although each act of coition was attended with severe pain.

Condition on the 6th of April.—Patient is anæmic, somewhat emaciated, and of a nervous, hysterical temperament; has been for five years an opium eater; no heat of surface; tongue slightly coated; pulse 72 and full. Thoracic viscera healthy. No movement of bowels for forty-eight hours, although previous to this she has had copious diarrhœa; has some difficulty in passing urine. There is fullness of the abdomen in both iliac regions and in the hypogastric; pain is almost constantly present in these regions, throbbing in character, intermittent in intensity, especially marked in the right iliac, extending up to the umbilicus and down the right thigh. There is extreme sensitiveness to pressure over the lower portion of abdomen. From spasmodic contraction of the abdominal muscles it is impossible to isolate either or any or form a *precise* boundary of the enlargement.

Digital Per-Vaginal Examination.—Uterus very sensitive, much enlarged; lips of os uteri swollen and tender, irregular and indurated; no special increase of temperature of parts; fullness on right side encroaches on the urethra. There is a tumor behind the cervix which quite obliterates the cul-de-sac. When recumbent, has but little discharge, but when she assumes an upright posture from two to four drachms are expelled. On account of extreme sensitiveness of the parts, no examination can be made with the speculum.

Treatment.—To apply over the abdomen cloths wetted in the following: ℞ Sprts. Frument, ʒviii.; Tinct. Opii, ʒij. M.

℞ Pill Hydrarg ℈j.; Morph. Sulph. gr. ij. M. ft. in pil x. S. one every two hours.

April 7th.—Pulse 96 and compressible; tongue dry and coated; bowels moved once during the night; has pain both before and after passing urine; it requires several efforts to entirely empty the bladder. Upon rising in bed this morning, about two ounces of pus were suddenly expelled from vagina. Tenderness over abdomen is very much diminished. Fluctuation can be obscurely detected in the posterior cul de sac. Treatment—To have of the tartrate of potassa and soda, ℥ij. every three hours until bowels are thoroughly moved; in addition to have Sprts. Ether. Nitr., ʒi.; Tinct. Opii gtt. vi. every two hours until she sleeps. To apply over abdomen the officinal iodine ointment.

April 8th.—Surface cool and clammy; pulse 108 and compressible; tongue coated and tremulous; had eight movements of bowels after taking ℥ss. of the potass et sodæ tartrat; has pain both before and after urination; sensitiveness of abdomen has materially diminished. Had again this morning ℥ij. of pus suddenly discharged from vagina. Treatment—To continue the application of iodine ointment, and to have two grains pulverized opium every night at bed time.

April 9th.—Surface cool; pulse 80 and moderately full; tongue slightly coated; one movement of bowels in the last twenty-four hours; very slight discharge of pus since last report; slight pain caused by pressure over abdomen. Treatment--Continued.

April 11th.—Surface cool; tongue slightly furred; pulse 88 and full; bowels moved once last night, small amount of discharge; very little pain to pressure over abdomen; no difficulty in urinating. Treatment—To have in addition to the two-grain powder at bed time, one grain each of camphor and pulverized opium every four hours.

April 14th.—Surface cool; pulse 68 and full; tongue clean and moist, but pale and indented by the teeth on the edges; has had one movement of bowels in the last twenty-four hours; has again some difficulty in urinating; has very little sensitiveness to pressure over abdomen; the prominence posterior to cervix is not marked, neither so sensitive to pressure; has had no discharge of pus in the last three days. Treatment—Continued treatment as before.

April 16th.—Surface cool and clammy; pulse 60 and full; tongue slightly coated; has still some difficulty in passing urine; one passage from bowels in the last twenty-four hours; has pain across the back and extending down the thighs; has some leucorrhœal discharge. To continue the powders of opium and camphor. To omit application of the iodine ointment to abdomen.

April 19th.—Surface cool; pulse 64 and full; tongue clean; bowels regular; no pain or difficulty in passing urine; no discharge; no sensitiveness to pressure over abdomen. Treatment—No change.

April 20th.—Surface cool; pulse 64 and full; tongue clean; has had two passages from bowels since last report; has good appetite and is able to sit up several hours at a time. Treatment—No change.

April 22nd.—Surface warm; tongue slightly furred; pulse 80 and full; has had one passage from bowels since last report; passed urine without difficulty; has an excessive appetite, but in about one hour after eating, vomits; the swelling, tenderness and induration of the uterus have disappeared. The prominence posterior to cervix is scarcely appreciable by the digital examination, and there is very little sensitiveness to pressure; no discharge. Treatment—Omit the camphor and opium powders. ℞ Comp. Tinct. Cinch. Sprts. Vini Gallici aa. ʒiv.; Syr. Aurant. Cortex., ℥iss.; Acid Nitric. Dil., ʒiij. M. S. ʒss. before each meal. To have two grains of pulverized opium at bed time every night.

April 25th.—Convalescing rapidly. Remains out of bed almost the entire day. As her bowels are constipated from the exhibition of opium daily. She is to have an enema of soap-suds when there has been no movement in the twenty-four hours. Treatment—No change.

May 3rd.—General health good; no particular change in condition; complains of some pain down right thigh; the glands below Poupart's ligament in right groin are enlarged to the size of almonds and somewhat painful. Treatment—To apply tincture of iodine to glands affected, and to continue the tonic mixture and opium powders.

May 6th.—No change in condition; general health good; no pain in right thigh; the induration and painfulness of the inguinal glands has markedly diminished. Treatment—To apply iodine ointment instead of the tincture of iodine. To omit the tonic prescribed April 22, and to substitute twenty drops of the tincture of the chloride of iron three times a day.

May 10th.—General health good; no pain to pressure over abdomen; no discharge; the cervix is still somewhat enlarged and indurated; slight sensitiveness to pressure posterior to the cervix. Treatment—To apply iodine ointment over right iliac region. To continue the tincture of iron.

The points of particular interest in this case are that the disease was produced by improper exertion, labor, and copulation after parturition. One of the effects of too early rising from the horizontal position is clearly exhibited. The effect of early and frequent copulation is also very evident, both of which are calculated to develop inflammatory action, and in this case has taken the form of cellulitis of the pelvic structures. The abscess as you will notice by the record, pointed into the upper and posterior portion of the vagina behind the neck of the uterus.

The treatment applicable to an advanced stage of the disease was the only one that could be adopted. Rest in the horizontal position, a regular condition of the bowels, opium, and a tonic and supporting course, with bark, mineral acids and iron, was resorted to. The free use of iodine externally was no doubt useful. The patient will be discharged in a few days as well, although continued quiet and rest for some weeks may be necessary to insure permanency.

Correspondence.

Dr. White's "Common Sense."

Prof. E. B. Stevens, M.D.:—A communication from Dr. J. F. White in the May number of the *Lancet and Observer*, seemed to require a word of reply from me, but I was quite content to let Dr. White answer himself, for in nothing is he so "ridiculous" as in avowing and disavowing in the same breath, his therapeutical doctrine of "common sense." In the June number of the *Journal of Medicine*, Dr. White's grievances are further paraded, doubtless for his edification, with a placebo from the editors of that periodical. Silence on my part might be interpreted into acquiescence in this view of the subject in controversy. I propose, therefore, to show from Dr. White's own statements, that my allusion to his doctrines, conceived in no unfriendly spirit, fairly represented him.

Without repeating all that Dr. White said in his remarkable speech on the "therapeutics of common sense," it will suffice to recall his eloquent flight, forgotten (or charitably passed over) by the Secretary, in which he appeals to the Academy "in Heaven's name!" to give the patient in the collapsed stage of Cholera, whatever he may desire. This therapeutical rhapsody, he dignified by the title of "common sense therapeutics." It seems my offending consists in not restricting Dr. White's doctrine to the collapsed stage of Cholera. That, however, is of little moment. A necessarily absurd doctrine is not applicable to any stage of any disease, and the doctrine, itself, is the subject of discussion. Let us carry out Dr. White's view to some of its legitimate conclusions. If we give a patient in the collapsed stage of Cholera hot or cold or anything else, simply because he desires it, why not give him arsenic or woorara for the same reason? The doctrine is as wrong in morals as it is false in therapeutics. It is manifestly nonsense rather than common sense.

Common sense in therapeutics, is the application of the best grounded knowledge to the treatment of disease. It is as remote as possible from that foolishness, which predicates its action on such illusory indications, as the wishes or inclinations of the patient, for nothing is better established than that a sick person is not a competent judge of what is beneficial for him. ROBERTS BARTHOLOW.

Letter from Indianapolis.

REMARKS ON OVARIOTOMY, BY DR. A. DUNLAP.

Editor Lancet:—The following remarks upon ovariotomy, are from memory of an impromptu lecture, which Dr. A. Dunlap, of Springfield, Ohio, was almost compelled to give at the Indiana State Medical Society, May 16th ult. The Doctor was visiting one of his patients in this city, upon whom he had performed a successful operation, and he wandered into the gathering of medical men who overcame his (the Doctor's) diffidence, by repeated calls for a word upon his *special* operation.

I only publish these fragments, hoping it will stimulate the Doctor to give us, through some journal, a more complete exposition of his experience, which is, we believe, almost as large and more successful than any surgeon's in America.

Dr. Dunlap began by stating that ovariotomy—an operation which, a few years ago, he was almost unable to get a respectable physician to assist him in—was now creating more interest than at any period of its history. He then sketched the methods of diagnosis between pregnancy, ascites, uterine tumors, and fibrous growths; following with a minute history of the growth of ovarian tumors. Dr. Dunlap prefers for safety in operation, a large rather than small tumor, because the former pressing upon the stretched peritoneum, has rendered it less vascular and not so liable to inflammation. In his experience, where the tumor creates much disturbance, while yet small, you may rest assured that other troubles exist, and that it is not a simple ovarian tumor, for such do not break down the health until from size they create pressure upon other organs. Upon the fibrous tumors Dr. Dunlap does not advise operation. Of four hundred cases of ovarian disease presented to his notice and treatment, he has removed the tumor in only thirty-three.

Adhesions are found in most cases, and they are not such "bugbears" as represented by some writers. The adhesion is most frequently to the walls of the abdomen, seldom to the intestines, and when to the intestines it is by long worm-like bands.

In one case where a tumor was removed, weighing sixty pounds, in following up the adhesion, he found he had torn up six inches of the peritoneum, which he then cut off without any ill consequence, for the patient was walking about on the seventeenth day.

In the operation, Dr. Dunlap makes it a point to have the hands scrupulously clean and free from perspiration. He then makes an incision large enough to dispose of the adhesions and control hæmorrhage. Frequently this incision extends from the ensiform cartilage to the pubis. In this operation, undue haste is condemned, and no objection to cold air being admitted to the operating room. After the adhesions are tied and divided, and the tumor removed, with a soft sponge he wipes out whatever fluids may be found, then closes the wound, and after the normal heat has returned to the organs which have been chilled, he again opens and carefully examines the cavity, to see if every ligature is in place and every vestige of hæmorrhage has disappeared. Finally, the incision closed by an interrupted suture and many tailed bandage. In the subsequent treatment, *rest* is a most important consideration; and when necessary opiates to quiet the patient as the judgment of the attendant may determine. The operation usually occupies from twenty to forty minutes.

Dr. Dunlap has operated in thirty-three cases, seven of which were unsuccessful. The largest tumor removed weighed one hundred and thirty-six pounds. In one case the ribs were so pressed upward and outward by it, that when the integuments were brought together after its removal, a cavity remained filled with air. This was one of the fatal cases, death apparently by apoplexy seventy hours after the operation.

Another case somewhat novel in the annals of ovariotomy, was one in which he removed the left ovary from a lady in Ohio, August 1, 1863. In March, 1865, this woman gave birth to a large, healthy child, and in April, 1866, she was delivered of twins, a boy and girl, of fine proportion.

Dr. Dunlap thinks the method of retaining the pedicle of the tumor by claws, as done in Europe and by some in America, is not only useless, but injurious. W. B. F.

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HÆMOPTYSIS UNASSOCIATED WITH PULMONARY TUBERCULOSIS.—Richard P. Cotton Physician to the Hospital for Consumption and Diseases of the Chest, says: "In the early period of my attendance at the Hospital, I was tempted to the general conclusion that Hæmoptysis was partially another name for Phthisis. I am now thoroughly convinced that it is met with in a considerable number of non-tubercular cases.

Simple pulmonary congestion, either from inflammatory action or mechanical obstruction, bronchitis, or general plethora, may at any time give rise to hæmorrhage from the lungs.

After relating a number of cases, mostly females, in early life, and of nervous temperament, he comes to the conclusion,

1st. There is a form of hæmoptysis in which the expectoration is of a dark color, and of a more or less watery consistence, like a mixture of currant jelly water.

2nd. That such hæmoptysis is of non-tubercular origin, and may proceed from any part of the gastro-pulmonary mucous membrane.

3rd. That it is attributed to a morbid and fluid condition of the blood, allied, at least in appearance, to that which is met with in purpura or scurvy.—*Lancet*, *Feb.*

Reviews and Notices.

Cholera: Its Characteristics, History, Treatment, Geographical distribution of different Epidemics, Suitable Sanitary Preventions, etc. Illustrated with Lithographic Map and Microscopic Drawings. By W. B. FLETCHER, M.D., Indianapolis. Robert Clarke & Co. Cincinnati. $1.00.

Cholera: Facts and Conclusions as to its Nature and Treatment. By HENRY HARTSHORNE, M.D., etc., etc., etc. Philadelphia: J. B. Lippincott & Co.

Asiatic Cholera: By F. A. BURRALL, M.D., "Glean and Gather among the Reapers." New York: Wm. Wood & Co. 1866. For sale by Blanchard & Co. $1.50.

Asiatic Cholera: Its origin and spread in Asia, Africa, and Europe. Introduction into America through Canada. Remote and proximate Causes, Symptoms and Pathology, and the various modes of treatment analyzed. By R. NELSON, M.D., etc., etc. New York: W. A. Townsend. 1866. For sale by R. W. Carroll & Co. $1.50.

The apprehended invasion of this country by an epidemic of Cholera has elicited a vast amount of discussion, and the publication of many essays and monographs. Much that has been said and written is little more than a repetition of each other. Now and then we have the valuable experience of an individual in which there appears a real contribution to the literature of Cholera. Above we give the titles of several of the latest monographs upon this subject which have come to hand. These all contain a good deal of interesting information, being compilations of the history of its various periodic marches over the world.

The essay of Dr. Fletcher is a reprint of papers originally contributed to the *Cincinnati Medical Journal.* It is valuable for its map, illustrating at a glance the course of Cholera as it has successively appeared in the world. Dr. Fletcher, as do the other authors above quoted, reviews the various plans of treatment suggested from time to time, but these plans are all familiar, and they do not make any new suggestion of importance. Dr. Hartshorne expresses a great deal of confidence in the treatment introduced by the late Prof. Horner, and adopted by himself with satisfactory results. His recipe is as follows: Chloroform, Tinct. Opii. Spts. Camphor, Spts. Ammon. Ar. aa. ʒis. Creosote gtt. iij. Spts. vin. gall. ʒij. M. Dissolve a teaspoonful of this in a wineglassful of ice water, and give two teaspoonfuls *every five minutes;* followed each time by a lump of ice.

Dr. Burrall's book is a clever compilation, and may be read with interest.

Dr. Nelson gives us a volume chiefly valuable as affording a record of considerable personal experience in 1832–34 in the observation and treatment of Cholera as it appeared in Montreal. Dr. Nelson is a judicious observer and has a mature judgment and we read his little book really with a great deal of comfort. Contrary to perhaps the general belief, Dr Nelson is a strong advocate for opium as the reliable agent in the treatment of Cholera, if used properly, quoting the aphorism of Sydenham, "without opium all medication would be imperfect and insufficient." We have no room for more elaborate notice of these little monographs.

In Trust; or Dr. Bertrand's Household. By AMANDA M. DOUGLASS. Boston: Lee & Shephard. 1866.

The volume before us is a novel. A very clever and readable story, based upon the domestic events in the history of a doctor's family. It is laid chiefly in and about one of the principal cities of New Jersey. The authoress evidently is familiar with the inner history of the peculiar trials, hopes and struggles which pertain to a physician's life, and she has interwowen these into the thread of the present story in a pleasantly successful manner. We do not care to indicate the plot of the story, every one may find that for himself. It is worth reading, for such as like a quiet domestic story with a good moral interwoven with some tenderly sad events.

For sale by Robt. Clarke & Co. Price $1.75.

Recent Advances in Ophthalmic Science; By HENRY WILLIAMS, M.D.

This essay, which is the "Boylston Prize Essay for 1865," forms a neat little volume of one hundred and sixty-two pages.

The principles and use of the ophthalmoscope, both by the direct and indirect method, are clearly set forth. The various operations upon the globe of the eye are also touched upon, and some of the most important applications. We think "cneucleation" of the eyeball is "too gravely and imperatively" insisted upon in sympathetic inflammations of the eye, as the results of the smaller operation of amputation of the front of the eye, including the iris and ciliary body, will demonstrate. Eneucleation draws a small stump, while amputation meeting all the indications, leaves a much larger, and consequently gives better movement to an artificial eye. The operation of inserting "sutures" in the cornea after flap extraction of cataract as an *advance* in ophthalmic science is hardly "proven."

The last sixty pages are taken up with infraction and accommodation of the eye, but need no special notice or recommendation, as we are indebted principally "to the accurate observation and genius of Donders." Test type and letters are appended, making a valuable addition.

The style of the essay is easy. The various points are touched in a terse manner, and a careful perusal will be both instructive and pleasant. W. W. S.

A Treatise on the Principles and Practice of Medicine; designed for the use of Practitioners and Students of Medicine. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical Colleges, etc., etc., etc. Philadelphia: Henry C. Lea. 1866.

This new work on the Practice of Medicine has already been before the Profession for several months, and for the most part has received the warm commendation of critics.

It is evidently the concise outline of instructions which the author is accustomed to deliver to his classes in the Bellevue and Long Island Colleges. To give a work, embracing anything like a general outline of topics, there has necessarily been a severe process of condensation—and we can, therefore, scarcely be justified in severely criticising any minor omissions which we may observe. Still we have observed a few omissions which certainly seem singular. Thus, for example, we find no allusion to the introduction of Laryngoscopy, which is now becoming so important a means in the special diagnosis of diseases of the larynx. This is singular, especially in view of the fact that Dr. Flint is himself engaged in studies so nearly akin to the special study of diseases of the larynx.

There are, perhaps, other matters that are not treated with such fullness as would seem desirable. Still the work is a good one, well arranged, the topics treated with clearness, and well adapted to the wants of the student and practitioner, and will particularly prove convenient, we think, as a work of reference with the student engaged in following lectures.

It is not necessary to give an analysis of the table of contents. We merely remark that the subjects discussed are such as come within the scope of subjects embraced in the course of didactic instruction in the Chair of Theory and Practice of Medicine in the various Medical Colleges of the country.

One can not help regretting that the paper and letter press of this excellent volume has not been of the same beautiful style of the recent work by the younger Flint. We take pleasure in advising our readers to purchase and read this book. Price in cloth, $6.00. Sheep, $7.00.

For sale by R. W. Carroll & Co.

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LOCAL ANÆSTHESIA BY ETHER SPRAY.—Dr. Greenhalgh, of London, lately performed a Cæsarean section, assisted by Dr. B. W. Richardson, the inventor of local anæsthesia by means of ether spray, who used the anæsthetic apparatus. No pain was experienced by the patient during all the incisions, the child was delivered, but lived but a short time. The mother, however, did perfectly well, making a speedy and good recovery.

Ovariotomy has been performed twice after local insensibility was produced by the ether spray, once by Mr. Spencer Wells, of London, and once by Mr. Braddon, of Manchester.

The anæsthetic method has also been successfully used by Dr. Thorbun, of Manchester, for the operation of femoral hernia.—*London Med. Times and Gaz.*, *April* 7 *and* 28, 1866.

Editor's Table.

The Ohio State Medical Society.—This Body held its Twenty-First Annual Meeting at White Sulphur Springs on the 19th, 20th and 21st of June. There were about seventy members present; not as full an attendance as last year. Dr. Brown, of Bellefontaine, presided, and in his Valedictory gave an earnest and very sensible review of the profession of Ohio, and what it is doing. Papers were read by Drs. Gay, of Columbus, on Amputations and Resections; Hall, of Brown Co., on Special Uterine Diseases; Dalton, of Wisconsin, on Surgery; Stevens, of Cincinnati, on Zymotic Diseases and their Therapeutics; Reamy, of Zanesville, on Obstetrics; Scobey, of Hamilton, on Causes and Cure of Drunkenness; Pierce, of Steubenville, on the Incurably Insane of this State, with perhaps some others.

The best of feeling prevailed, and some of the topics suggested in the papers called out interesting and protracted discussions.

Delegates were present from the Pennsylvania State Medical Society and the Indiana State Medical Society.

Take it altogether, we consider the meeting a good one and one calculated to promote the interests, progress and harmony of the profession of the State.

One interesting episode consisted in the presentation of a valuable gold medal to Dr. H. Culbertson, formerly of Zanesville, now Assistant-Surgeon, U.S.A., awarded for an Essay on "Chloroform in Labor," read to the Society some years ago.

The new Proprietor, Col. J. H. Ferry has greatly improved the condition of things at the Springs and made every effort to render our stay pleasant and in all things to contribute to our comfort. Nevertheless, the spirit of change and the hope to call out a larger membership, adjourned the Society to meet at Yellow Springs in Green Co., 2nd Tuesday in June, 1867.

Papers are received and on File since our last from Dr. W. L. Schenck on Cholera; Dr. Jeffray, on Certain Surgical Cases.

Prolactea.—One of the desideratums has always been to secure some preparation which will prove a reliable substitute for human milk. It would seem that such an article is now furnished by Mr. Peabody, of Buffalo. It comes to us endorsed by leading physicians of Buffalo, and the editor of the *Buffalo Journal*, Dr. Miner, states that it has "borne the test of trial, and it agrees with infants in most cases much better than any article yet introduced to supply the place of breast milk." Dr. Miner also speaks of the manufacturer, Mr. Peabody, as "a druggist who *attends to his calling, and has no dealings in quack medicines.*" We have had no opportunity for trying the *prolactea*, but have very favorable impressions from the representations made to us.

American Medical Association.—We are indebted to the New York Medical Record for our report of the Proceedings at Baltimore. Other friends forwarded to us the proceedings in full, but this copy gives us the most condensed report we have seen. We regret to learn that he subscriptions at Baltimore are meagre, and unless the members come up more generously, it will be impossible to publish the Transactions.

R. W. Carroll & Co.—This enterprising book establishment was one of the sufferers at the great Opera House fire. We are sincerely gratified to see that the concern is in full blast again at 117 West Fourth Street, with a beautiful new stock of books and stationery. We were pleased to note that this firm will hereafter give *very especial attention* to the department of Medical Books.

Prize Essay of the Indiana State Medical Society fcr 1867.—This Society has voted a prize of $100, for the best medical essay for next year. We print the circular of the Committee in our advertising department, which our Indiana friends will please read.

The New Orleans Medical Record is the title of Dr. Dow'er's new journal, three numbers of which have come to hand. It is a semi-monthly of handsome appearance, and filled with mature papers. It is published at $6.00 a year. Some of the first numbers were blemished by the appearance of very objectionable advertising matter, which we are pleased to see has disappeared. We should be gratified to see a more distinct editorial department than either of our New Orleans exchanges affords.

Married, in Wabashaw, Minn., May 1st, by Rev. H. G. Patterson, of Grace Episcopal Church, Dr. JAMES H. MILLIGAN, of Wabashaw, Minn., and Miss SALLIE D. ABRAHAMS, of Steubenville, Ohio.

——The University of Edinburgh has conferred the honorary degree of L.L.D. upon Prof. Huxley, Hunterian Professor in the College of Surgeons, and Dr. Rae, the well known Arctic explorer.—*Boston Medical and Surgical Journal.*

——The destruction by fire of the University Medical College of New York, with the valuable Museum of Dr. Mott and the collections of the Lyceum of Natural History, and the burning of a large part of the newly-formed and extensive collections of the Chicago Academy of Sciences, should turn the attention of the custodians of other museums to the condition of the buildings under their charge. 'They should be made fire-proof as far as possible, or fires should only be allowed in those portions of the building which are thus protected.—*Ibid.*

——Dr. Freeman J. Bumstead has been appointed Professor of Materia Medica and Clinical Medicine, to fill the vacancy caused by the death of Prof. Joseph M. Smith, in the College of Physicians and Surgeons, New York.—*Ibid.*

NEW BOOKS.

Storer—Why not? Prize Essay of American Medical Association, 1865. Lee & Shepherd, Boston. *See Advertisement.*

Barker—Instructions in Nitrous Oxide. Rubencame & Stockton, Philadelphia 1866.

Eccheverria—Reflex Paralysis, etc. Balliere Brothers, New York. 1866.

Nelson—Cholera. W. A. Townsend, New York. 1866.

Hartshorne—Cholera. J. B. Lippincott & Co. 1866.

Fletcher—Cholera. Robert Clarke & Co. 1866.

Kellogg—Shakespeare's Delineations. Hurd & Houghton, New York. 1866.

LITERARY EXCHANGES.

Godey's Lady's Book enters on a new volume with the number for July. Price $3.00 a year. One of the cheapest publications in the country.

Harper's Monthly. $4.00 a year. Begins a new volume with June. Who could do without Harper?

Obitual Record.

R. D. Mussey, M.D.

Died, in Boston, June 21st, 1866, at the advanced age of 86 years, the venerable Reuben D. Mussey M.D., formerly Professor of Surgery in the Medical College of Ohio, and more recently Professor of Surgery in the Miami Medical College.

Thus has departed full of years and honors, and within but a few weeks of his wife, this distinguished surgeon. The announcement comes to us just as we are closing up this number and too late for a proper notice. We shall give one next month.

Elijah Slack, M.D., L.L.D.

Died, May 29th, 1866, after an illness of several months, Elijah Slack, M D , L.L.D., formerly Professor of Chemistry in the Medical College of Ohio.

Dr. Slack was born in Bucks County, Pa., November 6, 1784, and hence at his death was in the eighty-second year of his age. He graduated at Princeton in 1810. Had charge of a Male Academy at Trenton, until appointed Professor of Natural Sciences and Vice-President of Princeton College ; which position he held till he came to Cincinnati at the request of the Rev. Dr. Joshua L. Wilson, in 1817, with reference to a connection with Cincinnati College. In that institution, he held a place in the department of instruction until its close. He was Professor of Chemistry in the Medical College of Ohio from 1819 (when the College was organized) fourteen years, being associated with such men as Drs. Drake, Eberle and others. He had also been an ordained minister of the gospel before he came West, and was the oldest member of the Presbytery of Cincinnati (O. S.)

Dr. Slack, during the whole of the active period of his life, was an eminent teacher ; and many of the most useful men of the present day have had the advantage of his training. To what extent such an individual has been able to exert his influence on men and things, it is impossible to estimate. For a number of years he has been laid aside from all his active duties. Those who knew him need no evidence beyond that of his uniform Christian life, that he has entered into the "rest which remains for the people of God." He leaves an aged widow and several children to mourn his departure.

J. A. Thacker.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Letter from A. D. Williams, M.D.

LONDON, March 12, 1866.

DEAR UNCLE :—In my last letter I promised to write you again soon upon the subject of Ophthalmology, and particularly from this city. I shall now endeavor to make the promise good.

I stopped only a few days in Paris on my way from Germany to England, and consequently saw very little, or nothing, there worthy to be mentioned. I visited Desmarres, Jr., and Liebreich, formerly of Berlin. Both of these gentlemen, as you know, have quite large clinics there, which afford students a good opportunity to study every thing in connection with Ophthalmology. I regret very much, indeed, that I could not stop longer in that beautiful city and see more of the distinguished Ophthalmologists of Paris, but time would not permit. I reached London about two weeks ago, and after spending two days in studying its geography, in making myself familiar with its short, narrow, crooked streets and alleys, and learning how to find myself in the world's metropolis, I visited the *Royal Ophthalmic Hospital*, where I met Mr. Critchet and Mr. Bowman, together with a number of other young, but good men. At this hospital is to be found the one great *Ophthalmic Clinic* of London. There are also others, but they are of minor importance. The Royal Ophthalmic was founded expressly for an eye hospital, and is very well arranged indeed for that purpose. The surgeons have every convenience, the patients are well cared for, the hospital has won a very enviable reputation not only in this country, but also in America and on the Continent, and has done an immense amount of good in the general advancement of the science of Ophthalmology. Why could we not have such an Institution in the United States, where we could study Ophthalmology as we can here? The ranking consulting physician is Mr. Dixon, and then in order comes Mr. Critchet and Mr. Bowman. The services of all the consulting physicians, or general staff, are voluntary and gratis. Each surgeon spends two days at the Clinic every week, taking his turn with his fellows. Patients are admitted every day, except Sundays. The general Ambulatorium is the largest I have seen any where in Europe. I should judge that upon an average there are not less than three hundred patients every day at the Ambulatorium. The material is *immense*, and all those cases from this immense material, who require surgical operations, are admitted into the hospital, operated upon and kept there till they have sufficiently recovered to be discharged with safety. To the Aubulatorium as well as to the operations, all medical students are admitted. Such arrangements with such immense material offers the very best opportunities for the practical study of general Ophthalmology, and particularly for the study and practical use of the Ophthalmoscope. The student, if he wishes, can examine ophthalmoscopically all the patients that require it, a privilege not always granted him in Germany. But the abundance of material, which is to be seen daily at this hospital offers also a most excellent opportunity for the study of the diseases of the eye that are peculiar to England at large and to London in particular. Here poverty is seen in all its hideous forms—it is *poverty in perfection*. It is a well known fact that the poor people of London starve more and live most wretchedly of any people outside of heathen nations, and it is not at all surprising to find that this fact makes a very decided impression upon the general character of disease in London, and, particularly, is it true of the diseases of the eye, so far as my observation extends.

As a result of all this we would expect to find among such patients a great deal of *asthenic inflammations* of the eye; such as asthenic corneitis, asthenic ulceration of the cornea, sloughing of the cornea, asthenic iritis, and that asthenic condition of the eye, which gives rise to the production of an unhealthy pus in the anterior chamber, etc., etc. Such indeed is the general character of a great many of the diseases seen at the London Ophthalmic Clinic. Syphilis too, both inherited and acquired, plays a fearful part in the nature of these diseases. Syphilitic keratitis is of very frequent occurrence and usually, when in children, is of the asthenic nature. So soon as the surgeons suspect a syphilitic taint in a keratitis in a child for instance, from five to ten years old, they open the mouth immediately and look at the teeth, and if the incisors have a peculiar dwarfed and notched shape or form with more or less decay, they do not hesitate to pronounce the disease *syphilitic* in its nature, and of course it is inherited in so young subjects. The surgeons dwell with emphasis upon the diagnostic value of the shape and form of the front teeth in syphilis, and Mr. Hutchison has published a lengthy and interesting report upon the subject in the Ophthalmic Hospital Reports. The form of the teeth certainly do not reveal an unmistakable specific taint, but may only be regarded as *confirmatory* of *suspected* inherited syphilis.

The treatment of chronic keratitis in children, as practiced here, deserves a passing notice. Formerly it was customary to treat all inflammations of the eye, and in fact, all diseases of the eye with drastic purgatives, with calomel to the extent of profuse salivation, with fly blisters, mustard plasters, setons, etc., etc., together with restricted diet almost to the extent of starvation.

But the days of such barbarous treatment "*heroic practice*," have passed. Now no one would think of instituting such a course of treatment. In London, however, chronic keratitis, whether syphilitic or simple, that is so stubborn and so troublesome as to resist all the ordinary efforts of the surgeon, is treated, as a last resort, by setons in the temples. It surprised me very much to see it, still it is no uncommon thing to see boys and girls running about the Ophthalmic Clinic of this city with threads sticking in their temples and suppurating very profusely, a practice, you know, that would only be thought of in order to be condemned in the strongest terms both in Germany and America. Still they claim here—and nearly all the eye surgeons resort to it—to have had great benefit from such treatment. As to its *real* merits I can not speak positively, as I have not seen enough of it to judge it fairly. They arm a large spike needle with very coarse twine thread, pinch up the skin in the edge of the hair on the temple, stick the needle through it and tie the thread, which the patient then wears for months and months. The hair generally hides the scar that it always leaves. The temporal artery is sometimes punctured with the needle by sticking it through in a careless way. Such an accident should, of course, be avoided.

Chronic Iritis, which is characterized by frequent and repeated relapses, with more or less constant, dragging, heavy, aching pain in the temples and in the head, is treated as a rule and with the happiest effect by making at once iridectomies, or artificial pupils. You well know how difficult it is to relieve such inflammation in the ordinary way and with common treatment for such troubles. But this operation, simple and easy as it is, offers almost certain relief, as well as restores the sight where the iris is bound down to the capsule and the pupil blocked up with lymph, as is nearly always the case in such diseases. The pain ceases very soon, if not immediately after the operation, the sclerotic injection around the margin of the cornea disappears, the sight clears up, and the patient in short is *cured.* I remember very distinctly one patient operated upon a few days ago by Mr. Critchet. The patient had been treated in some of the interior towns of England very *heroically* for several months; had been kept under the influence of mercury for four or five months, until he had lost or ruined all of his teeth and still his iritis was not cured—was not even improved. Mr. Critchet made an iridectomy in each eye and in a few days the man was literally *well.* I saw some very similar cases at Prof. Graefe's Clinic. In short, this operation is to be recommended in the very highest terms in such cases, and it may be relied upon for success. I do not mean to say that an iridectomy should be made in all cases of iritis; but *only* in *chronic, frequently recurring iritis*, where there are perhaps already more or less posterior adhesions, with or without choroiditis. *Scrofulous sore eyes* in children in London, who are dirty, poor, unhealthy, debilitated, half starved creatures, are treated in the usual way with the various tonics together with improved diet, etc. Mr. Critchet says his great success in treating such diseases in such subjects is due mainly to the fact that he gives them arsenic in some form, most generally, Fowler's Solution. He has almost unbounded confidence in its tonic effects, particularly in children.

Cataracts here are removed by what is called the "*scoop extraction.*" An incision is made behind the cornea in the edge of the sclerotic, with a large iridectomy knife, directly upwards. An iridectomy is made at the same time, the capsule is opened and the cataract is *scooped* out by means of a spoon or scoop introduced behind it. The operation, with the exception of the scooping part, is very similar to Prof. Graefe's "Modified Linear Extraction." The loss in this hospital ranges from six to eight per cent. Von Graefe's new method is far preferable in my estimation, simply because it is more successful.

By the kind invitation of my friend, Mr. Bader, consulting Ophthalmic Surgeon to Guy's Hospital, I was permitted to witness quite a large number of his operations on the eye in that large and celebrated institution. He has a large amount of material, but operates only twice a week. I was very much surprised to see that his first assistant was a *full blooded negro!* There is certainly not so much prejudice against this species of humanity in this country as there is in our own; for such a thing would not be tolerated at all with us even in the North.

But I wish to speak particularly of Mr. Bader's method of operating in strabismus, which makes a very favorable impression upon my mind. He divides the tendon of the muscle ***sub-conjunctivally,*** as it is called. It is also the most usual method at the Royal Ophthalmic Hospital. He divides the conjunctiva, or cuts through it simply, with the point of the scissors just over the upper or lower margin of the tendon of the muscle, as is most convenient from the position of the patient, and about two lines back from the margin of the cornea so as to come down immediately upon the insertion of the tendon at its upper or lower edge, as the case may be. The incision in the conjunctiva is very small, only large enough to admit an ordinary sized strabismus hook. This hook is passed very easily, as would be inferred from the position of the conjunctival wound, under the upper or lower margin of the tendon, which is thus lifted up upon the hook from the surface of the eye ball. A long, delicate, probe-pointed pair of scissors is now passed in through the same conjunctival wound, by which the tendon is divided very easily ***beneath*** the conjunctiva, and hence it is called, ***sub-conjunctival.***

This is certainly a very *nice* mode of operating for strabismus, and as it is more bloodless, fully as effectual in its results, heals up quicker, causes less deformity from the fact that the caruncula lachrymalis does not sink back so far, and there not being so much danger of producing too much effect from the operation, as in the ordinary mode, where there is a large incision made in the conjunctiva, it certainly deserves a very favorable consideration from the profession at large. I notice also that Mr. Bader is in the habit of cutting the iris loose from its adhesions with the cornea by means of a long slender knife; the propriety of which, however is, in my estimation, at least *questionable.* He extracts occasionally sound lenses from the eye so as to enable him to get to false membranes in the vitreous humor, into which he tears a hole with a fine needle and thus lets the light to the retina and enables the patient to see. He speaks very highly of this operation. Could not the false membranes in the vitreous humor be torn in the same way with a needle introduced through the sclerotic behind the lenses and thus save it together with the power of accommodation? There are other subjects I would like to refer to, but for fear my letter would get too long, I pass over them.

This will be my last communication to you from this country, and ere this one greets you, I expect to be on my way home, as I intend to sail for New York in two or three days. When I left America, she was still groaning under the weight of a great civil war, but *peace*, it is said, now blesses my native land! They say "There is no place like *home*," and this is *doubly* true when America is the home.

Till I see you, good bye.

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Original Communications.

ARTICLE I.

Is the Periosteum the Principal Agent in the Repair and Reproduction of Bone?

BY R. E. HAUGHTON, M.D., RICHMOND, IND.

It has been assumed that the periosteum is the principal agent in such repair, and that its importance (until the developments made by surgeons during the late rebellion,) led some men to assume, that before this period the value and importance of this membrane in injuries, as well as in diseases of bone, had not been understood. We know we have learned much, but to assume that surgeons did not know the value and agency of this tissue, or to assume that it is the principal agent in repair and reproduction of osseous tissue, is equally far from the truth.

Starting with the now conceded proposition that all tissues of the body are the result of the action of cells by growth and proliferation, we may now the more readily understand their histology, aided by microscopic observation. As no organism ever began an existence, without a parent structure or organism, so no cell is produced without the pre-existing agency of a parent cell. We now understand, what before we did not understand, that inflammation is the result of an impaired nutrition, and that as we favor the nutritive processes, we much more readily restore inflamed tissues to health again. This is done by the agency of cells, and when we have such conditions as fracture and other injuries of bone, we know by some experience, that certain conditions are necessary to enable the restorative processes to go on and be perfected. We know also by observation that not only are fractures repaired, under favorable conditions, but that also, bone is reproduced when it has been destroyed or removed, to such an extent as to render a limb otherwise useless, of great use, though never perfect. By what means are these results effected, and how?* "If we consider the extraordinary influence which Bichat, in his time exercised upon the state of medical opinion, it is more astonishing that such a long period should have elapsed since Schwann made his great discoveries, without their great importance having been duly appreciated. This has certainly been due essentially, to the great incompleteness of our knowledge with regard to the intimate structure of our tissues, which has continued to exist until quite recently, and, as we are sorry to be obliged to confess, still even now prevails, with regard to many points of histology to such a degree, that we scarcely know in favor of what view to decide."† "Since Schwann who followed immediately in the footsteps of Schleiden, the great difficulty has been in the application of this cell histology to pathology, to obtain a recognition of the fact that the cell is really the ultimate morphological element in which there is any manifestation of life, and that we must not transfer the seat of real action to any point beyond the cell." That cells in their development and multiplication are capable of producing tissues both vegetable and animal, and which was shown as far back as 1847, by Virchow, "and that the ordinary membrane of the animal cell corresponds to the primordial utricle of the vegetable cell."—Virchow. With this introduction, by way of accounting for any apparent imperfection in the history of the reparative processes, of bone tissue, we will proceed to consider whether there is so much want of knowledge among the writers on surgical histology and pathology, as we might be led to believe. Undoubtedly, before the use of the microscope, knowledge upon these cell and tissue changes was not so perfect nor so exact, but that, even now, when we sharply scrutinize the history of the repair, formation and reproduction of bone, we are not and have not been in the dark as to the processes of repair, the time necessary, as well as the agents, agencies and tissues more properly concerned in it. Bennett says,* "If a bone be fractured, inflammation occurs around the injured part, and exudation is poured out which undergoes total changes, whereby it is ultimately transformed into bone."

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* Virchow, Cell. Path., 2nd edition, p. 29.

† Virchow, Cell. Path., 2nd edition, p. 29 and 30.

‡ Virchow.

To start on such an inquiry as the one before us it is proper to state what has been said of it in reference to the present status of professional opinion by one among our most recent surgical writers and eminent authorities, the justly celebrated Prof. Syme, of Edinboro. He says,† "At present, professional opinion is divided in regard to the ossific power of the periosteum, and different sides of the question are maintained by teachers and writers in this as well as other schools of medicine. As the point in dispute is not merely a matter of curiosity, but one of great practical importance, it is very desirable that the truth should be ascertained."

Now then, as this is a question upon which surgical authorities are arrayed upon both sides, we shall present some of the opinions. Du Hammel‡ believed that the periosteum possessed the power of forming new osseous substance, independently of any assistance from the bone itself, and attributed the power thus, just one hundred years ago. Liston‖ said, "It has been supposed that the new osseous matter is deposited by the vessels of the soft parts, and of the periosteum; but there can be but little doubt but that it is secreted, principally, by the vessels, which ramify within the substance of the bone, and by the vessels of the periosteum, after they have entered the osseous tissue. Thus in the case of fracture, the new osseous particles lie between the periosteum and bone, at a distance from the broken ends—where the vessels are enlarged and increased in activity, or adhere to fragments, which have been detached in part, and retain their vitality, but not to the under surface of the periosteum." He here recognizes the agency of the periosteum, but does not attribute the whole process of repair to that membrane.* He continues by saying, ' Lymph continues to be poured out by the vessels of the periosteum, and bone, and from the surrounding tissues." He says further, "There is no doubt that thin laminæ of bone are now and then found attached to the periosteum, or impacted within its substance, but this is to be attributed to that morbid action of the tissue, to which this as well as several other membranes are subject."

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*Bennett's Principles of Medicine.

†Syme, Principles of Surgery, p. 725

‡Du Hammel, M. Academy des Sciences, 1741.

‖Liston, Elements of Surgery, 4th Edition, pp. 98.

But let us pass to consider the position of some more antecedent investigators upon the question as to the agency of repair in bone.† "The production of callus has been studied with much care by Haller, Duhammel, Bardemare and Hunter, by Dupuytren, Breschet and Villerme, and more recently by Stanley and Paget. From the observations of these pathologists, it would appear that the union of a broken bone takes place through the medium of plastic matter, deposited by a process of adhesive inflammation set up in the injured bone itself, its periosteum, and the neighboring soft parts, the lymph thus formed, gradually undergoing development into osseous tissue. This lymph, which is poured out not only by the periosteum and bone, but by all the soft parts in the neighborhood of the fracture, gradually undergoes ossification, the bony matter being first deposited in a granular form."‡ "The theory of Du Hammell was strenuously opposed by Haller. He carefully investigated the process of ossification during incubation, and detailed the steps of its progress in the chick as well as other young animals. Haller also engaged his pupils, Detlef and Bochmer, in an extensive series of experiments, from the results of which he inferred that Du Hammell was mistaken in supposing that fractures are reunited by ossification of the periosteum." Notwithstanding these objections, and the authority of the physiologist from whom they proceeded, the doctrine of Du Hammell still maintained its ground, and not long afterward, in the year 1780, derived a great accession of strength from the experiments of Troja, who by destroying the marrow of bones, caused their death, and the formation of new shells surrounding them, apparently from ossification of the periosteum. The experiment which Troja himself performed some hundreds of times, when repeated and varied by the pathologists of almost every country, seemed to confirm the ossific power attributed to the periosteum beyond question, until Scarpa, the late distinguished Professor of Paris, again investigated the grounds on which it was originally founded by Du Hammell.

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*Liston, Elements of Surgery, 4th Edition, p. 98.

†Erichsen, Science and Art of Surgery, p. 186.

‡Syme, Surgery.

In Scarpa's treatise, which was published in 1799, he explained that the foliated appearance presented by bones which had been burnt, did not depend upon the development of a structure naturally belonging to them, but was an effect of the unequal action of the fire. This with other experiments, led Scarpa to deny that bone could be formed by the periosteum, and this opinion was keenly embraced by several pathologists of the present century, and particularly by the French surgeon Leveille. And even now professional opinion is divided, and we have been somewhat surprised that it should be said that it is a point well established, but which is not prominently set forth by the surgical writers of the present day. It is a question just how much influence the periosteum exerts in repair and reproduction of bone, and while admitting its agency, I think that it is not alone in the process. Prof. Syme says upon this point, "That while Du Hammell was led into many errors by the false analogy which he supposed to exist between wood and bone in regard to the mode of formation, nevertheless, the periosteum does possess the power of producing new osseous substance in *certain conditions of disease.*" While Prof. Syme regards the periosteum as the principal agent in the repair of bone, he says further, "New bone may be formed to a certain extent, by growing out from the surface of the old one, so as to lessen the size of an aperture, as in trephining."

Druitt says,[*] "There has been much dispute as to the source of the lymph which forms the callus. Some persons have asserted that it is effused by the bone or its medullary membrane, others, by the periosteum, and others by the cellular, or other tissues around. But the fact is, that it is effused indiscriminately from all the tissues around the fracture, and once effused, its conversion into cartilage, and then into bone, is the result of its own *organic* or *formative*[†] forces. Moreover, if one of the bones which unite by a provisional callus when fractured, be extirpated entirely, and its periosteum with it, the lymph which is effused by the surrounding tissues, will especially on the lower animals very probably form a new bone."[‡]

Dupuytren, enlarging upon the doctrines taught by Galen, Du Hammell, Camper and Haller, declared that "Nature never accomplished the immediate union of a fracture save by the formation of two successive deposits of callus, one of which is derived from the periosteum and adjacent tissues, and from the medulla, while the other, derived from the broken extremities of the bone itself, is found at a later period, directly interposed between these surfaces. The material, or callus derived from the tissues outside of the bone, and which Galen compared to a ferule, but which Mr. Paget calls "ensheathing callus," together with the material derived from the medulla, compared often to a plug, and by Paget named "interior callus," is by Dupuytren spoken of as the provisional, or temporary callus, by which the fragments are supported and maintained in contact, until the permanent callus is formed. This temporary splint is completed or has arrived at the condition of bone, in a spongy form, at periods varying from twenty to sixty days, but does not assume the character of compact bone, until a period varying from fifty days to six months, has elapsed, after which it is gradually removed by absorption.* "Dupuytren, though regarded as an accurate observer, and also having described faithfully the various phenomenon which usually accompany the repair of bones in animals, yet in assuming that in more simple fractures, always unite by this double process, was found to be an error. Yet these doctrines were accepted without hesitation or debate, and for nearly half a century they have occupied the minds of surgeons, almost to the exclusion of every other theory. Mr. Stanley was among the first to question the solidity of these doctrines of Dupuytren, but it remained for Paget fully to expose their fallacies, nor has Malgaigne, though not strictly a disciple of Paget, failed to detect certain of these errors."

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[*] Formative Force, see Paget.

[†] Druitt, 1st American Edition, p. 228.

[‡] Dr. Heine, Medical Gazette, July 29, 1837.

[‖] Troja de novarum, osseum regeneratione, Paris, 1776.

[§] Dr Hamilton, Fractures and Dislocations, pp. 46.

Prof. Hamilton† says, "It is his belief that the reparative material, consisting originally of a plastic lymph is poured out from the vessels of the medullary membrane, the periosteum, the broken ends of the bone, and more or less from all the lacerated tissues, which are immediately adjacent to the seat of fracture." Paget, than whom we have no better authority upon this subject, says,‡ "The normal mode of repair in the fractures of human bones is that which is accomplished by 'intermediate callus.' The principal features of difference between it and that by ensheathing callus, are, 1st. That the reparative material or callus is placed chiefly or only between the fragments, not around them. 2nd. That when ossified, it is not a provisional but a permanent bond of union for them. 3rd. That the part of it which is external to the wall of the bone, is not exclusively, or even as by preference, placed between the bone and periosteum, but rather in the tissue of the periosteum, or indifferently either in it, beneath it, or external to it." When the fragments are placed in close apposition and correspondence, they may, I believe, be joined by immediate union, but if this does not happen, a thin layer of reparative material is deposited between them, and does not in any direction exceed the extent of the fracture. The process may be compared with that of union by primary adhesion."

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*Hamilton, Fractures and Dislocations, pp. 46.

†Hamilton, Fractures and Dislocations, pp. 45.

‡Paget, Surgical Pathology, pp. 167.

Now, while we have referred to authorities at various periods of the history of Surgery, we have done so simply to compare views as taught by them, and then for ourselves, examine the views of histologists and pathologists of our own time as to what are the processes, and what tissues furnish the material of repair in fractures, and also how are bones reproduced when they have been resected. That there are two parties upon this question, I have already stated, one party claiming that the periosteum is the main agent in the repair and reproduction of bone, while the other party claim that the bone by its vessels* (the medullary membrane,) which lines the central cavity and adjoining Haversian canals by its vessels, also the surrounding tissues when injured, furnish the material of repair. †Gray, in his Anatomy says, "The bloodvessels of bone are very numerous. Those of the compact tissue consist of a close and dense network of vessels, which ramify in a fibrous membrane, termed the periosteum, which covers the entire bone. From this membrane vessels pass through all parts of the compact tissue running through the canals which traverse its substance." As we have seen in fractures, the injury done to all the tissues produces inflammation as a result, and lymph is produced and deposited, which has to pass through a transformation, which is completed in the production of bone. And here Paget says, "The* proper condition for the transformation of lymph into bone, is that in which the exudation takes place in an inflammation seated in the bone itself, or else in or near the periosteum.

It is interesting in this investigation to examine the history of the advancing and retrograde development of inflammatory lymph, as if it advance to its full and complete history, healthy bone is the result when we have fracture, but if also it put on the opposite history of retrograde development, we do not have repair, but we may have pus and destructive softening of bone, or we may have ununited fracture, where the fragments are connected by fibrous or fibro-cartilaginous tissue, which is arrested development. Such is the defective union of most cases of fracture of the neck of the femur within the capsule of the olecranon and patella, if their fragments are not closely and quietly held together. There are examples of arrested development in the lymph transformation, which if carried to its completion would unite these fractures by bone. There are various reasons for such conditions occurring, but we will not now discuss them. In investigating the subject before us in all its relations, we must examine the normal mode of the growth of bone, so as to be able to interpret what is observed in cases of injury, as in fracture or by reproduction, when removed, or to account for the osseous growths, which occur in the shaft of long bones, to an enormous size sometimes, as in an example given by Prof. Blackman, in the shaft of the femur, the largest on record, with one exception, in Europe. Bone grows in two directions, in length and thickness, and being in the fœtal state first cartilaginous, ossification begins, and cartilage corpuscles are transformed into bone, and thus the ends of bone on the diaphysis is ossified at an early period of uterine life. "While the parts which were either connective tissue, or cartilage, are converted into bone, the development of medullary tissue is going on within the bone."* "Thus the development of a bone, when taken as a whole, does not consist merely of the gradual apposition of a succession of fresh osseous layers derived from periosteum and cartilage, but also in the continual replacement of the innermost layers of the bone by masses of marrow." "As† osseous tissue is formed out of periosteum and cartilage, so marrow is formed from osseous tissue, and the development of a bone, consists not merely in the formation of osseous tissue, but it presupposes that the series of transformations goes beyond the stage of bone, and that medullary tissue is then produced. Medullary tissue, therefore, constitutes in some sort, the physiological termination of the formation of bone as an organ. Bone then as an organ—osseous tissue—medullary tissue—periosteum—vessels—nerves." The cells which have sprung from this excessive proliferation of the originally simple cartilage cells, constitute the parent structures, from which proceeds all that afterwards arises in the long axis of the bone, and especially the osseous and medullary tissue. The cartilage cells may be converted by a direct transformation into marrow cells, and continue as such, or they may be converted first into osseous, then into medullary tissue, or lastly, they may be converted into marrow and then into bone.† The second series of transformations in the longitudinal axis of long bones, is furnished by the osseous tissue, which may arise out of marrow and cartilage. In the one case the marrow, in the other the cartilage cells become the subsequent bone cells. This act of real ossification, the production of the osseous tissue is extremely difficult to observe, chiefly for the reason that what first takes place in the course of these processes is not the production of real osseous tissue, but only the deposition of calcareous salts. Now in order that this calcified cartilage may become real bone, it is necessary that the cavity in which every cartilage cell lies be converted into the radiated jagged bone cavity. This process is so extremely difficult to obtain a sight of, because in making sections the calcareous elements of bone crumble away before the knife, so that it is almost impossible to see what is really present. The doctrine is held by Virchow that the bone corpuscles directly originate out of the cartilage corpuscle, but this is not always a direct process, as the cartilage corpuscles may originate the medullary corpuscles, and this again may develop bone corpuscle. But, again in the retrograde conditions, which occur as in disease of bone, the changes are reversed. The bone corpuscle undergoes transformation itself and thereby determines retrograde transformations, and we may get a

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*Gray's Anatomy, pp. 3.

†Gray's Anatomy.

‡*Paget*, Surgical Pathology, pp. 236.

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*Virchow, 2d Edition, p. 452.

†Virchow, 2d American Edition, pp. 453.

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*Virchow, 2nd Edition, pp. 456. †pp. 458.

transformation into marrow, then into granulation tissue, and finally into pus.

Now we have examined somewhat in detail the history of this subject, as well as the pathology taken from its histology, physiology and pathology, by our most approved writers, now what does it all teach? In summing up, Virchow says, "We have a series of permutations and substitutions, which lead in one case to a higher, in another to a lower form of structure, which are constantly related to each other. In the whole series, the marrow of bone stands alone, as the type of heterologous formations, and at the same time, constitutes the real type of all granulations which may take on the forward development, or retrograde as the formative power or force gives it direction." "It can not be said," says Virchow, "that the formation of callus around fractured parts is altogether a periosteal formation in all cases where it takes place with a certain abundance, it passes the limits of the periosteum, and invades the connective tissue of surrounding parts. This is the first kind of callus formation and there is second which as has been described, takes place from medullary tissue."

Now what are the conclusions from the premises. Is it that repair and reproduction is mainly dependent upon periosteum, and that this fact is not sufficiently and fully set forth by surgical writers. In the first place, while all acknowledge the influence and value of periosteum, it is sufficiently proved that the bloodvessels of bone, its medullary tissue, its cartilage, the bone itself, and connective tissue, all exert their influence under the direction of a controlling vital or formative force, in the repair of fractures, and also in the reproduction of bone. And further, it is sufficiently proved that the medullary tissue is developed from cartilage and bone corpuscle, and conversely that these are developed out of medullary tissue." While we regard the periosteum the investing, and to a certain extent, the nutritious membrane of the bone, yet in fractures we do not believe that it is the principal agent of repair, and this fact is well set forth by Virchow in discussing these changes and transformations, which occur in the history of fracture and repair.

Again, while surgical writers are sufficiently clear in regard to the agency of certain tissues, all of them of prominent authority, admit the agency of the periosteum as a nutritious membrane, and also that it is not to be regarded as the principal agency in the repair of fractures, or reproduction of bone, but that it is one of the tissues which aids the completion of the work. It seems to me now sufficiently clear why it should have been assumed that the teaching in regard to the active and prominent agency of the periosteum in repair and reproduction of bone has been defective. The profession has been divided upon this matter, and while it is sufficiently clear that no prominent authority pretends to ignore the agency of this tissue, yet the majority of competent and authoritative testimony believe that other tissues, as well as the injured bone itself, exerts an influence as important as any, and the repair of bone is a complicated process, carried on under influences impressed upon it by a living formative, or organizing force, and which force being either impaired or diminished by depressing, debilitating influences, acting upon the whole organism, will cause the advance or retrograde transformations to occur, so that we get either perfect recovery and use of a limb, or we get such conditions as prevent perfect recovery, and therefore impaired usefulness of the affected member. And even now when conservative surgery is the boast of our noble profession, I believe it is right to preserve, retain and protect any and all tissues, upon which a perfect or an approach to perfect recovery may depend as in cases of resection of bone, by preservation of the periosteum, yet while this is done much also must be done in directing and developing the forces in such a way that the transformations of lymph into bone by the cell agency of the tissues involved therein, may go on to a harmonious completion of the work to be done. We do this by various means, by rest in proper position, proper adaptation of the fragments of fractured bone, and quietness in that position, and finally the proper nutrition and support of the body during its tedious confinement. Thus do we accomplish all that is required, the great surgeon being Vis Medacatrix Naturæ—the life force which resides within.

ARTICLE II

Treatment of Burns.

BY E. MENDENHALL, M.D., EATON, OHIO.

Editors Lancet and Observer: — CASE I.—On Friday, at half past two o'clock A. M, I was called up by one of the Directors of the County Infirmary, who wished me to accompany him to see a lady who was badly burned. Upon inquiry, the following was developed:

A lady, married, about twenty-five years of age, and whose character was not above suspicion, had gone into the woods by the roadside, about one mile south of this place, and built a fire, as she said, to warm herself by, and while there went to sleep, and only waked up when her clothes took fire. The toll house, but a few hundred yards off, being the nearest, and she finding she was burning up, ran with all speed directly toward the house. Her screams and cries aroused the family, who hastened to her assistance, but by the time they had met her clothing was about all burned from her body. They took her in, and sent for a physician, and Dr. A. H. Stephens, of this place, visited her, and as I was informed, prescribed an anodyne, and ordered flour dusted over her, and her body enveloped in a comfort. As the family did not know her, and did not wish to have her die on their hands, as it was supposed she could not live till morning, they applied for her admission into the County Infirmary, and an omnibus had been procured and sent for her, and was bearing her person to the Infirmary, when I was called for to attend her.

The Infirmary being one mile north-west of town, I got in the omnibus, where she lay writhing, groaning, weeping, and screaming with pain. I soon had her placed on a mattrass in the Infirmary, and administered one grain of morphine in solution, and proceeded to examine her condition. She was truly a horrible object to behold! She was literally burned all over from the middle of the neck downwards, except a small space on each foot, protected by her shoes, as I suppose.

How it happened that her face, head and hair escaped, I can not tell, unless by rapid running the blaze was thrown behind her instead of upwards. She was burned almost to a crisp, and her arms and hands were in a similar condition. Her body also was covered with blisters and denuded places all over, some points deeper than others. She appeared delirious with pain. I ordered the following application: ℞ Spts. turpentine, one part, sweet oil, two parts. M. With a bunch of feathers tied up for the purpose, I anointed her entire body with this mixture, and then had her wrapped in the comfort. Before I got through this process, she became calm and rational. I also ordered the attendants to take equal parts of flour and fresh lard and mix, and spread on strips of old muslin, and placed on the large joints and where the burns were deepest, in order to protect the parts from friction and pressure. Both these applications were ordered repeated every three or four hours, and to give her thirty drops of tinct. opii just before each dressing. From this time she complained of no more burning pain; expressed herself as feeling comfortable; only hurt a little when her body pressed on the bed; was perfectly rational till a few minutes before death; did not think she was burned as bad as I thought she was; and did not feel that she would die. No perceptible change in her condition or symptoms till 3 o'clock P. M., when the breathing was a little more hurried, and her face began to exhibit the characteristic leaden hue, caused by imperfect oxidation of the blood, and the eyes were a little glassy. These evident precursors of approaching dissolution gradually increased, till at 4 o'clock the following morning, death closed the scene. She remained calm, rational and hopeful till within one hour of death. There was not the least hope of her recovery from the first; but we felt it an act of humanity as well as a Christian duty, to alleviate her sufferings as much as possible.

CASE II.—I was called in haste to the Infirmary on December 20th, 1864, to see an inmate, a lady twenty-two years of age, who had fallen against the red-hot stove while in a fit. She fell with her head and back leaning against the stove, and in her struggles her arms and left side of the face were successively brought in contact with the stove. About one-half of the entire surface of her back and shoulders were badly burned; the left cheek was burned over two-thirds its surface, and the back part of both arms from the shoulders were badly and deeply affected, as well as the entire right hand. There being no one near her, it was several minutes before she was removed. On my arrival, a half grain of morphine was given in solution. The turpentine and oil mixture was applied to the entire burned surface, on strips of old muslin, and in less than half an hour she became calm, rational, and expressed herself as feeling comfortable--just the reverse to what she was but a few minutes before. The lard and flour was ordered to be applied to the entire burned surface within three hours, at which time the oil mixture was first repeated. Both were to be repeated about every four hours, and from a half to a teaspoonful of camph. tinct. opii every six hours. This course was pursued for forty-eight hours, with satisfaction. But as irritative fever was now approaching, and there was no longer any burning or smarting pain as the *direct result* of the burn, bread and milk poultices were substituted for the other dressings; and internally were administered cooling laxatives, refrigerant drinks, and diaphoretics with diuretics. The irritative fever was quite active for two or three days, after which it subsided, and the burned surfaces were gradually diminishing in circumference. Where the burn was so deep that a portion of the flesh was dead and would have to undergo the process of sloughing, a yeast poultice was applied till the dead parts had separated, after which Turner's cerate was applied once daily, or every other day, till the surfaces were all healed. The granulations at some points became too prominent, and were touched with nitrate of silver daily, till reduced within proper limits, or had been overrun with the spreading new skin. A few times the deepest places seemed to become *irritable* and would bleed. These places were were washed with solution of acet. plumb and tinct. opii, and then touched with the caustic, and poulticed for twenty-four hours, after which there was no more trouble. This course of treatment, and an occasional laxative, with proper diet, resulted in the restoration of the patient in about eight weeks.

CASE III.—Was called a few miles in the country to see a child who had pulled a bucketfull of hot water from a bench, and a large portion of the water was spilled upon the child, badly scalding its neck and entire anterior surface of the chest down to the epigastrium. When I arrived, the child had had two convulsions, and was screaming and trembling as though laboring under a chill. Fifteen drops of camph. tinct. opii in sweetened water was given the child, and a piece of old muslin large enough to cover the neck and chest of the child was thoroughly saturated with the oil and turpentine mixture, and applied to the scalded surface. The limbs also received a like dressing. Over these were placed two or three folds of dry muslin and loosely tacked, and the child placed on its back on the lounge to rest. The child by this time had ceased crying and soon went to sleep. The outside cloths only were removed every three or four hours, and the oil mixture was applied by means of a swab to the strips of muslin next to the body, in sufficient quantity to keep them moist. The entire scalded surface was blistered, and in many places the skin was broken and the serum already escaped. This course of treatment was continued forty-eight hours, the child being comfortable all the while, sometimes sleeping, at others wanting to play. The oil dressings were now removed, and a bread and milk poultice applied to the worst places only, and Turner's cerate to the balance of the surface. In two days after this the cerate was the only application used. The dressings should be changed only when absolutely necessary, and the parts exposed to the air as short a time as possible. The surfaces should be cleansed with milk and water, or Castile soap and rain water, once in every one or two days. Very little irritative fever occurred in this case. Mild laxatives were occasionally used, with spts. mindereri and spts. nit. dulc three or four times daily for a few days. In two weeks the child was about well.

The foregoing cases are selected from a large number of others, and are reported in order to exhibit a course of remedial management for burns and scalds which has been more satisfactory in its results than any other we have ever used, although we have tried various other modes and appliances in the treatment recommended by different authors. We deem this course a great improvement on the old method of using cotton, or the linseed oil and lime water treatment. These may protect the parts from the irritating effects of the atmosphere, but can exert but little influence in soothing the parts, or abating the pain. They are also liable to become *hard* and *difficult* to remove from denuded surfaces, especially if neglected or permitted to become dry. The applications we are using are easily procured and applied, and can be removed at any time with *facility* and *without pain*; and the soothing effects following the application of the oil and turpentine mixture are far more prompt and complete than any other we have ever known used. The calm feeling of comfort which *always follows* its application the first time, in the manner indicated, can not we think, be ascribed to the opiate given at the same time. The result is *too speedy* and *decisive*; and the anodyne, although necessary as we think, to quiet the agitation, and arouse the system from the effects of "nervous shock" would hardly allay the smarting, burning, and excruciating pains succeeding such extensive lesions, even if given in much larger doses. We believe this will be the conclusion of any one who will give these agents a fair trial.

ARTICLE III.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M.D.,

Professor of Materia Medica in the Miami Medical College of Cincinnati.

Inhalations.—Introductory to some general practical remarks on the use of medicated inhalations, I give in brief the following case which recently came under my care, and is not yet entirely dismissed:

CASE.—Mr. H. applied for treatment June 1st, 1866. States that he had some affection of the throat six months ago, but its character is not very clear to make out. He states, however, that pain and difficulty of swallowing were the prominent features. He complains now, and has much of the time since the acute attack, with a sense of tightness in the laryngeal region; a very slight cough; and an expectoration of tough mucus. Upon examination, I find no evidence of tubercle, no rales, the posterior fauces are studded with inflamed follicular points. A laryngoscopic examination reveals nothing, except the same follicular inflammation about the entrance to the larynx.

Swabbed his throat and about the larynx with sol. nitr. silver, twenty grains to the ounce solution, and directed iodide of potash in five grain doses three times a day. States that he has heretofore had his throat swabbed with but temporary benefit.

June 11th.—Living some distance in the country was unable to return until to-day. No material change in his condition; the swabbing, as formerly, afforded relief for a few hours. Had him inhale a medicated vapor for ten minutes from Siegle's apparatus, as follows. Liquor ferri persulph., gtt. xv.; tinct. opii, gtt. x.; water, ℥i. Expresses himself wonderfully relieved. Directed him to omit the iodide of potash and substituted a mixture containing mur. ammonia, ten grains to the dose, to be repeated *ter die.*

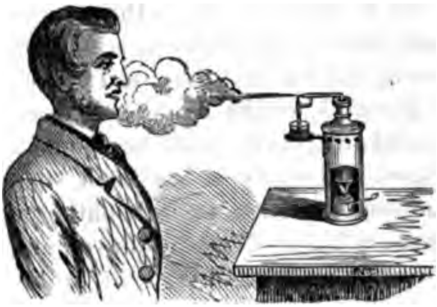
June 23rd.—The relief from the inhalation continued several days, with however, a gradual return. I repeated the inhalation. During the subsequent fortnight, the inhalation was repeated every three or four days; sometimes allowing him to inhale a vapor of mur. ammonia of the strength of ten grains to the ounce, with a few drops fluid extract conium added to the solution as a substitute for the solution of persulphate of iron.

July 5th.—Is almost entirely free from any trouble. Directed him to still continue the occasional use of the mur. ammonia and to call once in ten days and repeat an inhalation.

This case is one of very frequent occurrence, quite as frequently affecting the posterior nares as the laryngeal region, and is generally known as "catarrh." These cases are often the occasion of a great deal of annoyance to the regular practitioner, and afford a good deal of material for quacks.

For the treatment of very many of these throat affections the use of medicated inhalations will frequently afford a relief which is almost surprising in its promptness and permanency.

To some extent the profession has always regarded with favor the treatment of certain diseases of the air passages and lungs by means of inhalations But Consumption curers *par excellence* have so generally appropriated this form of medication that there has been a disposition latterly to almost entirely omit their use; certainly to omit their systematic administration.



One difficulty has been to arrive at a convenient mode of apparatus. To be sure, a simple flask with flexible tube, will answer for a variety of inhalations. I think, however, the apparatus devised by Siegle is the most ingenious and convenient for general use of any that I have tried. I give herewith a cut showing at a glance the plan of the inhaler and its mode of operation.

It consists of a spirit lamp, heating a simple boiler of water, from which proceeds a glass tube terminating in a capillary point. The cup on the bracket contains the medicated solution, and communicates with the tube from the boiler by another tube with a like capillary point. As the steam passes over from the heated boiler it is at once charged with medicated atoms from the lower tube, so that we have, as shown in the cut, a continuous spray thrown off of atomized medicated vapor. Mr. Max Wocher, instrument maker in this city, manufactures these inhalers and offers them at a price so moderate, that most patients may procure them without objection on that score.

This apparatus may be employed with satisfactory results in almost all cases where local treatment to the air passages is indicated. We must not, by any means however, accept the idea that inhalations of these atomized fluids will prove a sufficient treatment, where the local affections are in any way dependent upon or associated with constitutional derangements or vice. But even in these cases, they will often prove of great advantage as a topical agency while you are at the same time correcting the constitutional vice by appropriate remedies.

Almost the whole range of affections of the throat and lungs are often benefitted by inhalations; and for this form of medication we may properly use the same remedies that we are accustomed to use by the mouth in the ordinary fluid form.

For myself, I am greatly partial to the muriate of ammonia. I use it about as directed in the foregoing case—the medicated solution of the strength of ten to fifteen grains to the ounce. In some cases it will be found that it is desirable to stimulate the mucous surface addressed, and for this purpose I sometimes use the liquor ferri persulph. or the tinct. ferri chlor. The chlorate, nitrate, and iodide of potash might be efficient as expectorants in some cases. Recently it has been suggested to treat diphtheritic deposit, whether in diphtheria proper or croup, with the vapor of lime. No more convenient mode of applying this agent could be devised than this atomizer of Siegle—using aqua calcis as the fluid. To these the experience and therapeutic views of the practitioner will add a great many additional substances.

I have generally found the addition of some anodyne to the medicated fluid to cause the inhalation to be more soothing and grateful to the patient. For this purpose I drop in a few drops of tinct. opii, or fluid extract conium to the solution at the time of the inhalation.

Some months since I find an article on this subject in the *Boston Medical and Surgical Journal*, by Dr. Wm. Read, of that city. The apparatus he uses is essentially the same as that described above—a modification of Siegle. His experience as related in several cases embraced in that communication for the most part confirms my own observation, and encourages me to speak more confidently than I would otherwise with my own limited personal experience. Dr. Read suggests that instead of pure water in the boiler it may be medicated, say as with chammomile water or the like. I have made no experiment of this kind, though I can readily understand that it might do well, unless the medicinal substance should serve to block up the capillary tube by gummy deposit.

He also proposes the use of arsenic in the form of Fowler's Solution in the treatment of certain pulmonary diseases, as for instance that form of asthma which is dependant on metastasis of eruptive diseases.

Gentlemen who use the inhaler I describe in this article, have found it somewhat objectionable on account of the spray diffusing itself over the person of the patient and producing a disagreeable damp deposit. This may be generally obviated by receiving the spray in the large open mouth of a glass funnel, the nozzle of which may be broken off for more abundant escape of the spray into the mouth of the patient.

At some future time I propose to recur to this subject, giving further illustrations of the application of remedies by inhalation, with the cases to which they are adapted, my present object being mainly to interest the profession to turn their attention more directly to the elegance and satisfaction of this form of medication.

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ARTICLE IV.

Pleuro Pneumonia with Empyema—Operation—Recovery.

BY G. ERICKSON, M.D., KENDALLSVILLE, INDIANA.

JAMES WEAVER, aged eight years, was attacked severely with pleura pneumonia March 10th, 1865. After eight or nine days, he gradually improved, so that by the end of the month he had but little cough, but yet considerable fever. I saw him first April 7th, nearly a month after the commencement of his sickness. He was very much emaciated then, œdema of face and extremities existed, with considerable difficulty of breathing; dullness on percussion, and bronchial respiration on the left of sternum, extending over the lower two-thirds of the same side of chest, around to the spine, and a greater fullness was perceptible on the same region anteriorly in the erect position. At the upper third of same side exaggerated vesicular resonance, rather tympanitic at the apex. No splashing sound could be produced by succussion. Slight dullness on the right side of sternum near the base of lung. Over the rest of the chest to the right of sternum exaggerated vesicular resonance and exaggerated vesicular murmur existed. Diagnosed fluid within thorax, and if the ordinary remedies should fail, to remove the fluid by paracentesis thoracis. Prescribed tonics iodide potass, with diuretics and blisters. Left him in the care of Dr. Burden.

Saw him April 23d again. Has great difficulty of breathing and general anasarca very much increased; one eye closed by œdema; lips livid; pulse 130 per minute. Ascetes also now exist. On the left of chest, where dullness before existed, it is now very flat, extending to the very apex of the lung. Respiration bronchial, but feeble in same region, and can be heard feebly on taking a full inspiration to within a short distance of the base of lung, even when held in the erect posture. On the right the dullness but slightly increased at the base. Former respiratory sounds increased in intensity above this. There was now great fullness of the chest to the left of sternum. Lies with his head low, rather lower than his body some of the time, can be held in the erect position only a few moments, as it increases the difficulty of breathing and faintness. Takes no food. Recommended par. thor. as the only thing now that would be of use to give relief, and that uncertain in this condition. Friends objected as they thought it would certainly kill him. Same treatment continued.

Saw him again April 30th. Friends now anxious to have the fluid withdrawn, as all are satisfied he can live but a short time in this condition; probably not beyond two or three days at longest. Lips very livid, showing asphyxia increasing; great difficulty of breathing; both eyes closed by œdema of face, and features nearly obliterated by same; pulse 135 and weak; lies with his head low as before; greater fullness of chest on the left. Prognosed that if the fluid was serous as I believed it probably was, he might possibly recover, and if pus it would be extremely unfavorable. I introduced the trocar and canula between the fifth and sixth ribs half way from the sternum to the spine on the left. On withdrawing the trocar, pus was projected a distance of six or eight feet from the patient through the canula. After withdrawing about two quarts of thick pus, a distressing cough and partial syncope came on so that the wound was at once closed. Cough abated in a few minutes. Physical examination showed considerable fluid remaining, but as he seemed so very feeble and faint, it was thought not prudent to remove any more then. Chest not so full; respiration considerably improved.

Patient now placed in my care. For a few days he improved in every respect, but after that the former symptoms returned, though not quite as severe as before, but sufficient to make an operation necessary on May 5th, when two quarts were again removed, being nearly the whole quantity within the chest this time. This was attended by more decided relief than after the former operation. Respiration much more easy. Anasarca and ascites now gradually diminishing, and continued to do so for about two weeks, when former symptoms returned, but not so severe as before, so that the operation had to be repeated May 16th, June 10th and 30th, when little over three quarts were removed at the last three operations. Whole amount of pus removed from his chest was a little over seven quarts at five different operations, extending over a period of two months. The amount of fluid was certainly extraordinary, considering it was pus and the boy being only eight years of age. The recovery was extraordinary considering everything. The boy from this time gradually improved permanently, though some fluid remained within the chest for several months in small quantity.

It is my opinion that the purulent collection within the chest originated from the pleura, as no physical examination showed any abscess of lung, and there was no constant cough or expectoration during the largest collection in the chest. A pyæmic condition existed, as a discharge from his foot commenced from a sore there after the last operation, also after a few weeks from his ear in large quantity, having the same appearance as that removed from thorax.

It is also my opinion that the reason he could not even be held in the erect position (so universal in such cases) was that the lung being bound down by adhesions near its base with the pleura, prevented the greater part of it from rising to the surface of the fluid at the upper part of the chest in any position, but the fluid was permitted to rise beside the lung, to its apex ; so that this column of fluid in the erect position was brought to press perpendicular by its weight upon the heart, interfering with its functions, while in the recumbent position this weight would be removed almost entirely, and the adherent lung would displace much of the fluid over the heart, so that it then had but a small weight to support. It was believed also that the ascites and anasarca had been caused by the great pressure upon the pulmonary vessels and to some extent upon the greater vessels by the fluid within the chest; for the fact that it was projected with such force through the canula the first operation showed great pressure, also whenever the pressure was relieved by the removal of the fluid in the chest, the dropsy gradually disappeared. A Davidson's syringe was attached to the canula by means of an extra tube being fitted to the canula and that connected to the suction end of the syringe by means of a rubber tube; so that the fluid could be pumped out with great facility.

After the last operation, about one quart of warm water was injected into the chest, from which he suffered no inconvenience, and after remaining a few minutes was withdrawn. After this he improved much faster. The more heroic plan of injecting irritating substances into his chest was avoided, as after each operation there was more improvement than at the previous one, making it probable he would recover finally. It was thought not prudent to subject him to any additional risk, considering his very weak and feeble condition. At the end of four months, he could walk about the house, and has continued to improve, so that in the Fall he was able to go all over the farm. His health is now good, March 20, 1866.

ARTICLE V.

A New Theory of the Origin of "Dumb-Bell" Crystals.

BY D. W. FLORA, M.D., CHICAGO, ILL.

THE readers of the *Lancet and Observer* will remember the brief article in the number for October, 1865, "On Oxaluria," in which the fallacy of the old theory of "dumb-bells" was briefly exposed and a more rational one proposed. Since those observations were made, I have had more extended opportunities for observation in a similar case, the results of which fully verify the conclusions drawn from the first case. In order to complete the chain of evidence on this question, the case is again briefly related.

The apparent discrepancies of authors who have attempted to give the ultimate composition of the "dumb-bell," can be reconciled on the theory proposed in this article and upon no other. One claims that they are "Oxalurate of Lime." another that they are "Sulphuric Acid in combination with soda or potash," a third that they are "urates of soda," and a fourth is of the opinion "that they consist of a salt of lime containing either oxalic, oxaluric, or perhaps some other organic acid easily converted into oxalic acid." It is simply necessary to bear in mind while investigating this subject, that *any* salt which is capable of assuming the stellate form of crystal, may furnish *dumb-bells.*

CASE OF DYSPEPSIA WITH OXALURIA.

S. C., æt. 32 years, a private of Co. F., Thirteenth Michigan Volunteer Infantry, was admitted to Madison U. S. General Hospital Dec. 1st, 1864. On admission, the patient appeared somewhat cachectic, and had dyspeptic symptoms, with obstinate constipation. ℞ Pil. cath. comp., No. iii., to be followed by Seidlitz pulv. every hour, till bowels move. To keep the bowels in a soluble state, fl. ext. rhei, ℥j. was ordered daily.

Dec. 12th.—Patient seized with a tertian ague, which readily yielded to sul. quinine. An ulcer on the left leg, over the spine of the tibia, was noticed about this time to be in an indolent condition. This ulcer occupied the site of a previous bruise.

Dec. 19th.—Constipation still continues, and the ulcer inclines to spread. The spittoon by the patient's bed was observed to be filled with rejected food after meals, which the patient stated was thrown from the stomach immediately after being swallowed. He was taxed with voluntary vomiting, which he stoutly denied.

Jan. 20th, 1865.—The vomiting still continues. He was put upon raw beefsteak, cut into fine cubes, ℥iij. daily. No fluids allowed.

Jan. 30th.—No change. Smoked ham was then substituted for the raw beef, but with no better results.

Feb. 1st.—About this time, the patient complained of pain and tenderness in the renal region, with frequent desire to micturate. The urine was rather abundant, of a deep straw color, or light gamboge. The reaction was slightly acid—sp. gr. 1022. On cooling, a dense precipitate was formed, equal to one-fourth the whole bulk. This cleared up under the influence of heat, and also readily on the addition of nitric acid. A drop placed upon a glass slide, and allowed to crystallize spontaneously, presented the appearance seen below. The *urates* were undoubtedly present, as were also deposits of epithelium and uriniferous casts. The octohedral crystals of oxalate of lime were seen in myriads, many of them exceedingly minute. Stellate crystals, composed of numerous fine prisms arranged around a common centre, were also numerous, as may be seen by reference to the drawing. A large cruciform crystal was occasionally to be seen in the field. "*Dumb-bells*" *were sought for in vain!* The stellate crystals were undoubtedly *urates*, but whether of ammonia, soda, or potash, I was, at the time, unable to make out.

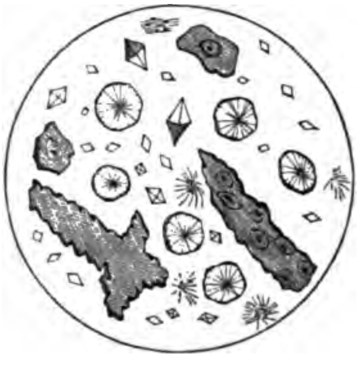

Fig. 1. Appearance on First Examination.

These stellates are the crystals which are hereafter to figure as "dumb-bells." This first specimen was carefully set aside, still under the field of the microscope, and twenty-four hours afterwards a *second* examination was made, when the stellate crystals, composed of the urates, showed a tendency to unite by solution or liquefaction of a portion of their discs. This is the *first step* in the formation of "dumb-bells," and it requires only a slight modification to complete the metamorphosis. By the pressure of fluids (for at this time rapid deliquescence of the crystals is taking place) upon the outside of the now united discs, the rim is forced inward upon itself at the point of least resistance, to wit:—at the point of junction of the two discs the radii being already dissolved at their points of contact. The prisms which formed the radii of the circles are now set afloat, and arrange themselves parallel to each other and in the direction of the long diameter of the "dumb-bell."

When examined again, say 30 hours after the first, the long sought "dumb-bell" was discovered in the same field which had been twice explored unsuccessfully. [See Fig. 2.]

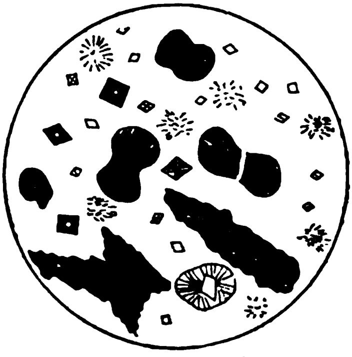

Fig 2. Appearance on third Examination.

Such, in brief, is the history of the case which led to a series of investigations, and the adoption of the theory of "dumb-bells," which it is the object of this paper to elucidate. It may be added, that this man was discharged from the service of the Government four months after admission, no improvement having been observed in his condition. Before leaving the hospital, he boasted to his nurse that he "had played his game successfully, as his vomiting had all been produced voluntarily." If his admission be true, it is a remarkable case, exhibiting all the aggravated symptoms of *dyspepsia* as cachexia, oxaluria, etc., brought upon himself and maintained during a period of four months, by persistent voluntary rejection of his food.

I shall take the liberty to refer to a case now under treatment, in which the urine is acid when first examined, and contains the *urates*, as well as the *oxalates*, in great abundance. The deposits have been more thoroughly and carefully examined than in the preceding case, and have given almost precisely similar results. On the fourth or fifth day, a final examination was made, the results of which very nearly resembled the appearance figured in Dr. Golding Bird's work on Urinary Deposits, in which he intends to represent one phase of the "dumb-bell" crystals. The forms referred to appeared at a time, and under circumstances, which leave no doubt on my mind that they are the last which these crystals (dumb-bells) take, previous to their entire liquefaction.

Although it is not incumbent on me to prove the exact composition of these crystals in question, in order to sustain my theory, yet a brief *resume* of the opinions of some prominent authors on this subject may not be out of place.

Golding Bird says: "It is well known that all crystals, rereferable to the cube or regular octohedron, never possess double refraction, and hence, scarcely exert any influence upon a plain polarized ray of light. In accordance with this law, the ordinary crystals of oxalate of lime do not, in the slightest degree, exhibit the phenomena of color when examined in the polarizing microscope, merely in the slightest degree, if applied in a favorable position, appearing to be illuminated when the polarizing prisms are crossed. On the other hand, the dumb-bells, as I long ago stated, exhibit a beautiful series of colored rings traversed by a black cross." After detailing several experiments with these dumb-bells, he says:—"We may safely conclude that they do not consist of mere oxalate of lime, for their powerful action on polarized light is quite incompatible with their being composed exclusively of this salt. The action of heat shows that they are readily converted into carbonate of lime without change of form." In conclusion, the same author says:—"I think we may venture to assume the high probability of these crystals (dumb-bells) consisting of the oxalurate of lime."

Dr. Hassall, in the *British and Foreign Medico-Chirurgi-*

cal Review, remarks: "That soluble dumb-bells in the urine frequently consist of sulphuric acid in combination with soda or potash."

Dr. Otto Funke, in his beautiful micrographic work on urinary deposits, has figured and described these crystals as composed of the urates of soda.

Dr. Bacon, in the *American Journal of Medical Sciences*, for April, 1851, is inclined to regard the oval crystals shown in my last drawing, as "dumb-bells seen endwise." He dissolved them in strong acetic acid, and on spontaneous evaporration they presented abundance of zeolitic crystals, from "circular striated plates to dumb-bells."

This experiment strengthens the position taken in this essay, for unless this "zeolitic arrangement" is present, unless we have the "circular striated crystals," we *can not have dumb-bells!*

In regard to the ultimate composition of the dumb-bell, my friend, F. Mahla, Professor of Chemistry in Chicago Medical College, has long held that they are *not* oxalate of lime, and he is further inclined to refuse them a place among *primary* crystalline forms. These crystals have never been observed by me in any other than *acid* urine, in which *urates* were undeniably present.

If the theory here advocated be correct, it is impossible for them to appear in *alkaline* urine, and this is verified in the case which we now have under examination. As soon as the urine became alkaline, by the evolution of ammonia, (the octohedral crystals of oxalate of lime being still present,) the "dumb-bells" disappeared altogether, and were replaced by a copious deposit of the *triple phosphates.*

There are six different geometrical forms to which *all* crystals may be referred, and it would require a great stretch of the imagination to perceive any similarity in the "dumb-bell" to *any* of these forms or their modifications.

The "circular or stellate" crystals, which we regard as the originators of the "dumb bell," are themselves *secondary* forms, the result of an arrangement of needle-shaped prisms around a common centre. From whence it follows that our famous "dumb bell," about whose composition there has been so much dissussion, and such wide differences of opinion, is only an *accidental* and *tertiary* form, the result of *accident* merely!

Cottage Grove Avenue.

Medical Societies.

Proceedings of the Wayne Co., Indiana, Medical Society.

Reported by W. P. Waring, M.D., Secretary

Richmond, July 5th, 1866.

The Society convened at 10 o'clock A. M., and was called to order by the President, Dr. R. E. Haughton. After disposing of the usual preliminary business, presented a report from the Censors recommending for membership Dr. Hosea Tilson, which on motion of Dr. Kersey, was accepted. A fine discussion was had touching the merits of the report, and the indefinite character of the information on which the report was founded. A motion to recommit the case was lost, and on motion of Dr. Hibberd, Dr. Tilson was elected a member of this Society.

The names of Drs. d'Huy, Sweeney, W. T Mendenhall, McCully and Harrison, were presented as applicants for membership.

A preamble and resolution from Dr. Harrison was read, in which he urges a closer observance of our Code of Ethics by some members of our profession in regard to advertising private cards, publishing cases, operations, etc.

On motion of Dr. Hibberd, it was laid on the table, and the Society adjourned until half past one o'clock.

1½ o'clock P. M.

The Society convened, the Vice President, Dr. Hadley, in the chair.

A report from the Censors recommending for membership Drs. d'Huy, W. T. Mendenhall, Sweeney and McCulley, was on motion of Dr. Kersey, accepted, and the gentlemen above named elected to membership with us.

The Censors further reported that on the 22d of May last Dr. Hibberd preferred a formal charge against Dr. Louis J. Francisco, a member of this Society, for producing abortion in sundry females at divers times, without there being any professional reason why such abortion should be induced.

The report of the Censors is elaborate, full and precise, giving copies of the charge and specifications, and all papers issued in relation to the trial; the testimony of each witness attested by his own signature; the remarks of the accused touching the charge and each specification; and their own opinion as to whether each specification was sustained or not, and what action the Society ought to take in the premises.

The charge embraces five specifications, covering a period of time from December, 1062, to December, 1865. A copy of the charge and specifications was furnished the accused, together with the names of the witness or witnesses to be examined in relation to each specification, and he was notified of the time and place of trial, and invited to be present.

On the 28th of May, the Censors assembled to hear the testimony, there being beside them only the accused and the witnesses present.

Dr. Waring testified that he had been reliably informed that Mrs. —— had stated that Dr. Francisco had once given her instruments and instructed her how to use them to produce abortion, and on another occasion had himself used instruments on her and produced abortion. Dr. Waring was of the impression that Dr. F. was guilty as charged.

The accused stated that he was called to see Mrs. —— in March, 1865, and found her supposing herself pregnant. He examined her and found the os uteri patulous, and told her the contents of the womb would soon pass away. The next morning she reported that she had aborted during the night.

Dr. Kersey testified that he was called to a woman about the 12th of January, 1863, having uterine hæmorrhage. He found a placenta in the os uteri. The patient stated that some time before, Dr. Francisco had procured abortion for her, and had told her it was complete. Dr. K. soon after had a conversation with Dr. F., who stated that he had induced abortion in this case because the woman was in poor health, and she said she already had as many children as she could care for.

The accused admitted Dr. K.'s testimony to be true, and stated that he produced abortion by inserting an instrument into the womb, and that he did not believe such an operation necessary to save the patient's life, but "thought she would get along better if she did not carry the child to full time."

Dr. Kersey further testified that on the 4th of July, 1865, he was called to see Mrs. —— in consultation with Dr. Francisco. Mrs. —— stated to them that some six weeks previously Dr. Francisco had produced abortion for her by passing an instrument into her womb twice, with an interval of a few days between the operations. At the second operation she was badly hurt by the instrument, and to this she attributed her present illness.

Dr. Francisco heard these statements of Mrs. B. as she made them, and admitted their truth, except as to the suffering during the second use of the instrument. Mrs. B. also declared that her determination to have abortion produced arose, not from suffering, but because she was boarding and her surroundings were not such as she would like to have when she should give birth to a living child. She supposed herself two months pregnant when the abortion was forced.

Drs. Fisher and *Harrison* were also present at this consultation and corroborated Dr. Kersey's testimony.

The accused stated that in May, 1865, Mrs. —— called on him to produce abortion, because in her second pregnancy (this being the third) she had carried her child eight months and came near dying, and her physician had then told her it would be unsafe for her to carry a child to full term. Upon this representation he had induced abortion, which she had gone through with safely and perfectly, and some weeks afterwards through improper exercise she brought on prolapsus uteri, and it was for this condition that the consultation took place. He did not force abortion to save Mrs. —— life, but to save her such suffering as she represented herself to have had before.

Dr. Fisher testified further that about October, 1863, a lady requested him to produce abortion for her. Upon his refusing she stated that "Dr. Francisco would jump at the chance of getting the job." Some time afterward he heard that this lady was ill and Dr. Francisco attending her; that she had fallen and caused an abortion. Two months afterward he met the lady on the street, and she smilingly informed him "that t was all right now."

The report of the Censors closes by declaring that the accused has been proven to be guilty of the charge and of the first and fourth specifications, and not guilty of the others, and "Therefore we recommend that the said Dr. Louis J. Francisco be expelled from the Wayne County Medical Society."

On motion of Dr. Hibberd, the recommendation of the Censors was adopted as the action of the Society.

Pending the final vote of expulsion, the members of the Society entered freely into the discussion, Drs. Hibberd, Francisco, Fisher, Kersey, Harriman, Haughton, and others participating, not only giving free expression to their idea of the enormity of the offence at large, but dwelling upon the peculiar personal bearings of the case under charge.

On motion of Dr. Kersey, the Secretary was instructed to make an abstract of the proceedings in relation to the charges against Dr. Francisco, and offer it to some medical journal for publication.

While this motion was pending, Dr. Francisco asked leave to offer some remarks, which being granted, he protested against the proceedings being published. In good faith he had gone before the Censors and admitted everything charged that was true, and he had done the same again to-day to this Society, but he had done it in the belief that he was making his confession to medical men, his neighbors and acquaintances, who would make use of it to mature their own judgment and direct their own action only. He did not believe it would be right to scatter the affair broadcast in the medical journals, and he hoped the Society would do him the justice to vote down the pending proposition.

Dr. Harriman was appointed Committee on Epidemics for the ensuing year; Dr. McIntyre, Essayist, and Dr. Courtney, alternate.

On motion, the preamble and resolution of Dr. Harriman was taken from the table, their merits fully discussed, and finally voted down for want of relevancy.

Dr. Hibberd read an interesting voluntary paper. Subject, "A Plea for Regularity and Unity in Prescribing Medicines." The Doctor was particularly hard on some of those pseudo quack remedies much used by some members of our profession, such as McMunn's Elixir of Opium, Nichol's Bark and Iron, etc. But as the paper will most likely be published, we will omit comments. The Doctor offered the following resolution, which was unanimously adopted:

Resolved, By the Wayne County (Indiana) Medical Society, that it is the sense of the members here assembled that physicians should feel themselves under a positive obligation to their own reputation, to the unity and usefulness of the profession, and to the common welfare, when prescribing drugs for their patients, to select from the articles and preparations presented in the U. S. Pharmacopœia when that authority contains such as will meet their wants.

Twenty-First Annual Meeting of the Ohio State Medical Society,

OHIO WHITE SULPHUR SPRINGS, June 19th, 1866.

FIRST DAY.

Morning Session.—At 10 o'clock A. M., the President, Dr. Brown, of Logan County, called the Society to order.

Vice Presidents, R. L. Sweeney and E. Hyatt, took their seats on the platform.

Drs. Stevens and Hall, Secretaries, were present. The Secretary proceeded to read the minutes of the Sessions of the Society for 1865 in full, which were approved.

Dr. Plympton introduced to the Society Dr. W. B. Lyons, of Huntington Co., Indiana, as a delegate from the Indiana State Medical Society The President courteously greeted Dr. Lyons, welcoming him to our meeting, and desiring him to cordially participate in its proceedings. Dr. Lyons responded in a neat and pertinent address.

On motion, the address of the retiring President was made the order for 2 o'clock to-morrow afternoon ; and an invitation to the ladies be extended to be present.

Dr. Kincaid reported a visit to the recent session of the Indiana State Medical Society at Indianapolis. Dr. K. stated that he had met with a cordial greeting from the Indiana State Medical Society, and was greatly pleased with its evidences of working order. There was a good attendance, and a number of excellent papers were read.

On motion of Dr. Landon, Dr. Hamilton was appointed Treasurer *pro tem* in the absence of Dr. Thompson, so as to enable the newly elected members to pay their dues and complete their membership.

Recess until 2½ o'clock P. M.

Afternoon Session.—Dr. Brown in the chair.

Dr. Pierce introduced Dr. J. M. Stevenson, of Westmoreland Co., Penn., as a delegate from the Pennsylvania State Medical Society, who was received by the President and on motion requested to participate in the Proceedings of the Society. Dr. Stevenson acknowledged the courtesy, and briefly addressed the meeting, expressing the wish of himself and the Society he represented, that the kindest relations, intercourse and interchange of good will exist between the two State Associations.

Dr. W. C. Hall read a volunteer report of an interesting case in practice, in which a hair-pin had passed via the urethra of a female into her bladder; detailing the symptoms produced, and the ingenious procedure for its removal.

On motion, Dr. Hall's paper was referred to the Committee on Publication, with instructions to print; pending which an interesting discussion sprung up, growing out of some points in the case, by Drs. Kincaid, Hamilton, Plympton and others.

Dr. Reamy proceeded to read his paper *On Obstetrics*—preliminary to which he made some remarks explanatory of the plan of his paper—as also of certain sad domestic bereavements which prevented his presence and reading of report last year. The report embraced some of the most interesting topics of current obstetrics—as abortion, especially criminal abortion, chloroform in labor, instrumental assistance, treatment of prolapse of the funis, and removal of the placenta. The Doctor expressed a wish to be continued another year, that he might report on Puerperal Convulsions.

This report called out a very general discussion, especially of the deplorable and growing frequency of child murder by criminal abortion.

Dr. Hamilton spoke at some length of the importance of our profession taking high and positive ground on this subject; as of the fearfully wicked indifference with which this subject seemed to be regarded by the better portions of community, even religious people—and many of our own profession who did not appear to consider the procuring of an abortion a crime if performed before the period of quickening. In this connection he took occasion to pass a high tribute to the Catholic Church for the sternness with which their clergy prohibit and frown upon this crime.

Drs. Russell, Kincaid, Gundry, Plympton, Firestone, Falconer, Scott, Reamy, Lyon, Hyatt and others, continued the discussion at considerable length, and with warmth and eloquence of expression, uniting in a deprecation of the infamous crime.

On motion, the report was referred to the Committee on Publication, with instructions to print.

Adjourned until 9 o'clock to-morrow.

SECOND DAY.

Morning Session, 9 o'clock A. M.—Dr. Brown, President, in the chair.

The Treasurer read his annual report, which was duly referred to the Committee on Finance.

Dr. Landon requested permission to call up the case of Dr. Maris, who was expelled from the Society last year. Dr. Hyatt moved to reconsider the vote of expulsion, which was passed, and then on motion the whole matter was referred to the Committee on Ethics.

Dr. Kincaid was appointed by the Chair to fill a vacancy on that Committee.

The Committee on Publication made the following report :

The Publication Committee respectfully report that two hundred and fifty copies of the Annual Transactions were published at a cost of $110. The Committee apologize for the delay in issuing the Transactions, on account of waiting in vain for the President's Annual Address, and the paper of Dr. Kyle

E. B. STEVENS, Chairman of Committee.

The Finance Committee made the following report :

Your Committee on Finance respectfully report that an assessment of two dollars be levied as a pro rata tax for the current year and ask leave to report further this afternoon.

R. K. SWEENEY,
JOHN W. RUSSELL,
C. P. LANDON,
P. BEEMAN.

Amended by substituting $1.00 instead of $2.00, and report adopted.

Dr. Hamilton stated that Dr. S. P. Hunt, who has been an esteemed and faithful member of this Society since its organization, has recently retired from the duties of the profession, and is about to remove from the State, be therefore moved,

That the name of Dr. S. P. Hunt be taken from the roll of contributing members, and that he be placed on the list of honorary membership. Passed.

Dr. Gay, from the *Special Committee on Surgery*, stated that he expected Drs. McDermont and Barr to report on special topics mutually agreed upon—they being absent he had only a report on the portions assigned to himself—he then proceeded to read a paper on *Amputations* and some additional remarks on *Resections*. In the course of reading his paper, Dr. Gay exhibited drawings of his favorite form of scalpel, as also made interesting verbal explanations and illustrations of best plans of applying bandages and dressings for stumps. Dr. Gay's report referred to the Committee on Publication, with instructions to print.

The Committee on Ethics asked permission to report on the case of Dr. Maris, and read as follows:

The Committee on Ethics beg leave to report in the case of Dr. G. W. Maris, that he withdraw all offensive language toward this Society, used in his letter to Dr. Thompson and apologize for language so inadvertently used, and we recommend that his apology be accepted by the Society.

A. Metz,
W. C. Hall,
W. P. Kincaid,
A. Dunlap,
A. G. Stevenson.

On motion of Prof. Hamilton, the report was adopted.

On motion, the Society proceeded to the election of officers, with the following result. Drs. Beeman and Helmich being appointed tellers.

President.—J. W. Hamilton, of Franklin County

Vice-Presidents.—R. Gundry, Montgomery Co.; A. G. Stevenson, Franklin Co.; J. D. Robinson, Wayne Co.; J. S. Reisinger, Crawford Co.

Secretaries.—E. B. Stevens, Hamilton Co.; W. C. Hall, Brown County.

Treasurer and Librarian.—J. B. Thompson, Franklin Co.

Committee on Admissions.—C. P. Landon, N. Dalton, A. Dunlap, W. J. Scott, P. Beeman.

Dr. Hall proceeded to read his paper on Special Uterine Diseases.

On motion, referred to Publication Committee, with instructions to print.

The Finance Committee made the following additional report.

The Committee on Finance beg leave to further report that they have examined the report of the Treasurer with the vouchers and find the same to be satisfactory and correct and that there was in the

Treasury at the last report	$ 76,99
Received since	388,45
Total,	$465,44
Expenditures	297,40
Remaining now in the Treasury	168,04

J. W. Russell,
R. L. Sweeney,
G. P. Landon,
P. Beeman.

Afternoon Session.—Dr. Hamilton in the chair. In accordance with special order, Retiring President, Dr. Brown. delivered his valedictory address, which was referred to the Committee, with instructions to print.

The Secretary, Dr. Stevens, requested leave to present to the Society the prize medal, awarded Dr. Culbertson In the absence of Dr. Wright, of the Prize Essay Committee, he briefly related the history of that award, and alluded to the delay in its preparation. He stated that since Dr. Culbertson read that essay he had been and still continued in the United States service as Assistant-Surgeon U.S.A. and not being able to be present, he had forwarded a proper written acknowledgment of the award, which the Secretary read and requested might go on the minutes of the Society as part of its proceedings.

Dr. Conklin introduced Dr. J. M. Kitchen, of Indianapolis, as a delegate from the Indiana State Medical Society, and his credentials were read by the Secretary. The President extended a cordial welcome to Dr. Kitchen, and he was requested to unite in the proceedings of the Society.

A letter from Dr. McBride, of Berea, was read, suggesting the importance of a report on Fever, and requesting that he be constituted a special Committee on that subject, to report next year. On motion, Dr. McBride was so appointed.

Dr. Beeman, from the Committee on Medical Societies, reported that the Constitution and Rules of Summit County Medical Society, Hardin County Medical Society and Athens County Medical Society had severally been submitted to the Committee, and they recommended these Societies as auxilliaries to the Ohio State Medical Society.

On motion, report adopted, these Societies made auxilliaries, and their delegates admitted to seats in this Society.

The Executive Committee made a verbal statement to the effect that members coming on the L. M. & C. & X. R. R. will be returned free on the Secretary's certificate, endorsed by Col. Ferry. Also they report that when this Society adjourn it adjourn to meet at Ohio White Sulphur Springs on the third Tuesday in June, 1867.

A motion was made to amend by substituting Yellow Springs—another proposition named Columbus. It was also moved to change the time of meeting to the second Tuesday instead of third, as now, as less likely to be interfered with by other Conventions.

As finally adopted, it was

Resolved, That when we adjourn we adjourn to meet on the second Tuesday in June, 1867, at The Yellow Springs

Dr. Stevens read his paper on *Therapeutics of Zymotic Diseases*. Remarks were made by Drs. McDermont, Kincaid and Gundry. On motion, the paper was referred to the Committee on Publication, with instructions to print.

A volunteer paper, on the Cause and Cure of Drunkenness, originally read to the Butler County Medical Society, by Dr. W. H. Scobey, of Hamilton, was submitted to the State Society, at the instance of the Butler Co. Society, and read by Dr. W. E. Scobey.

A motion to refer this paper with instructions to print, brought out a discussion participated in by Drs. Murphy, Scott and others, and the motion was lost.

Dr. Dalton read his report on *Surgery*. On motion, referred to Committee on Publication to print.

On motion, voted to have an evening session at 8 o'clock, and that Dr. Firestone be invited to address the Society.

Recess.

SECOND DAY.

Evening Session.—Dr. Hamilton in the chair.

The Committee on Admissions reported favorably on the name of Dr. Wayne Griswold, of Circleville, who was duly elected.

Dr. McDermont asked the attention of the Society to call up again the disposition of the paper of Dr. Scobey and thought we had scarcely done Dr. Scobey or the Butler County Society due or respectful courtesy, and moved the following:

Resolved. That the Ohio State Medical Society recommend the establishment by the State of an Inebriate Asylum, which was on motion laid on the table to make way for the address of Dr. Firestone. His topic was a review of the reciprocal relations of the Body and the Mind

On motion, a copy of the address requested for publication, with 500 extra copies in pamphlet form for general distribution.

THIRD DAY.

Morning Session.—Vice-President, Dr. Gundry, in the chair. Minutes read and approved.

On motion of Dr. Thompson, a vote to reconsider the place of meeting as determined on yesterday, was had. Lost.

A report from the Committee on the Barnes Verdi question was read, and on motion adopted.

Dr. Hyatt moved the following resolution, which was adopted.

Resolved, That the thanks of this Society be and are hereby tendered to Col. Ferry, proprietor of Ohio White Sulphur Springs for the ample accommodation afforded and for the very courteous and gentlemanly manner in which its members have been entertained, and therefore the removal of meeting of this Society to another place does not imply any dissatisfaction on the part of the Society.

On motion, the resolution of Dr. McDermont in regard to Inebriate Asylums, was taken from the table, and discussed by Drs. Russell, McDermont, Murphy, Gundry, Griswold and Scott.

On motion of Dr. Falconer, the resolution was referred to Drs. DcDermont, Russell and Gundry, a committee to mature a plan of an Inebriate Asylum, and report to the Legislature, with a view to securing such legislation as shall carry this design into effect.

On motion, the thanks of this Society were extended to Dr. Scobey for his address sent up through the Butler County Society.

On motion, Drs. J. M. Kitchen and W. B. Lyon, of Indiana State Medical Society, and Dr. Stevenson, of Pennsylvania State Medical Society, were ordered to be enrolled as honorary members of this Society.

Dr. Pierce read his report on the management of the *Incurably Insane.* Referred to Committee on Publication to print.

Dr. Gundry read reports on the system of Public School Instruction, from Dr. Reeve, of Dayton, and Dr. Denig, of Columbus. Referred to Committee on Publication to print.

Dr Kincaid stated that his report on Obituaries was still incomplete. He asked permission to fill up notices of gentlemen, and place in the hands of the Committee on Publication to print. On motion, he was so authorized, and time granted to complete.

On motion, the committee on the *Incurably Insane* was continued for another year.

Dr. Stevenson, of Pennsylvania made a farewell speech, expressing an acknowledgment of the courtesies he had received and the personal pleasure he had enjoyed.

Dr. Stevens offered the following resolutions, which were adopted.

Resolved, That the Ohio State Medical Society desires to record its sense of detestation of the crime of abortion which appears to prevail to so alarming an extent in our State.

That it is the deliberate opinion of this Society, that the voluntary destruction of the fœtus at any stage of uterine gestation is murder, and that every attempt to effect such a purpose is a crime, and that no physician should engage in or advise such a course, unless it is clearly to save the life of the mother, in imminent danger.

That in the opinion of this Society, the law of Ohio rendering imperative upon the part of the prosecution, the proof of pregnancy and quickening, tend to shield the guilty from the result of their infamous crime, and should be changed so as to inflict punishment for the destruction of the fœtus at any period of fœtal life, or any criminal attempts at the same.

That for this purpose a Committee of three be appointed to procure the passage by the Legislature of a proper law upon the subject.

Committee—Drs. Falconer, Gundry and Reamy.

Dr. Murphy offered the following, which was adopted, accompanied with remarks:

Whereas, It is well known that during the late civil war a large mass of medical and vital statistics of great value to the profession and country at large, have been collected by the Provost Marshal's office at Washington. Therefore be it

Resolved, That our senators and representatives in Congress be requested to use their influence in procuring appropriations to publish the medical statistics of the Provost Marshal General's office.

Resolved further, that they be requested to have Dr. J. H Baxter Chief Surgeon of the Provost-Marshal's office. continued in office until he has time to prepare his final report for publication.

Dr. Landon offered the following resolution. Discussed at length by Kincaid, Murphy, Landon, and adopted.

Resolved, That while the Ohio State Medical Society recognize the exercise of the noble dictates of humanity in our profession, they regard it disreputable in members and injurious to the profession at large, to accept from those pecuniarily responsible a fee less than the importance of the service should demand.

The President announced the Standing and Special Committees for the ensuing year, and then on motion, the Ohio State Medical Society adjourned to meet at Yellow Springs on the 2nd Tuesday in June, 1867.

J. W. HAMILTON, President.

E. B. STEVENS, } Secretaries.
W. C. HALL, }

STANDING COMMITTEES.

Executive—A. Dunlap, C. McDermont, J. H. Rogers, W. P. Kincaid and J. S. Reisinger.

Finance—R. L. Sweeney, J. W. Russell, C. P. Landon, P. Beeman, D. B. Allen.

Publication—E. B. Stevens, W. C. Hall, J. B. Thompson, J. J. Hamill.

Ethics—C. Falconer, W. P. Kincaid, H. S. Conklin, T. B. Williams, L Firestone.

Medical Societies—P. Beeman, C. McDermont.

SPECIAL COMMITTEES.

Military Surgery—Drs. McDermont, Gay and Turney.

Puerperal Convulsions—T A. Reamy.

Diseases of the Eye—E. Williams.

Cholera—John Davis, of Cincinnati.

Aural Surgery—A. Metz.

Fever—A. McBride.

The Microscope—D. S. Kinsman.

Surgery—W. H. Mussey.

Amputations—R. L. Sweeney.

Ovariotomy—A. Dunlap.

Practice of Medicine—W. J. Scott.

Obituaries—W. P. Kincaid.

System of Public School Instruction—W. B. Davis, Cincinnati; W. J. Scott, Cleveland; T. A. Reamy, Zanesville; J. C. Reeve, Dayton; R. M. Denig, Columbus; A. Dunlap, Springfield.

Incurably Insane of Ohio—Drs. Pierce and Brown.

Delegates to Indiana State Medical Society—E. B. Stevens and H. S. Conklin.

Delegates to Pennsylvania State Medical Society—Drs. Pierce and Woodworth.

Delegate to Kentucky State Medical Society—W. P. Kincaid.

Delegate to New York State Medical Society—C. McDermont.

Delegates to American Medical Association — Cyrus Falconer, Hamilton; A. Metz, Massillon; J. S. Reisinger, Galion; R. L. Sweeney, Marion; J. D. Robinson, Wooster; W. C. Hall, Fayetteville; P. Beeman, Sidney; Thos. Carroll, Cincinnati; W. P. Kincaid, Neville; A. G. Stevenson, Westerville; E. Pearce, Steubenville; J. W. Russell, Mt. Vernon; M. Thompson, Mt. Vernon; B. S. Brown, Bellefontaine; Thad. A. Reamy, Zanesville; A. Dunlap, Springfield; J. Helmick, Harrisburg; D. O. Hopkins, Jackson Centre; A. N. Wylie, Ripley; W. H. Phillips, Kenton; Thos. Mc G. Ebright, Akron; H. S. Conklin, Sidney; John Davis, Dayton; A. J. Beach, Belleville; W. J. Scott, Cleveland; J. B. Thompson, Columbus; R. M. Denig, Columbus; N. Gay, Columbus; John Dawson, Columbus; Jared P. Kirtland, Cleveland; E. L. Plympton, Painesville; Chas. Woodward, Cincinnati; W. J. Taliaferro, Cincinnati; J. M. Beach, West Jefferson; J. H. Southard, Marysville; K. G. Thomas, Alliance; A. S. Williams, West Independence; M. Dawson, Royalton; C. G. Comegys, Cincinnati; John A. Murphy, Cincinnati; R. R. McIlvaine, Cincinnati; G. W. Pullan, Logan; P. M. Crume, Eaton; S Bonner, Cincinnati; S. O. Almy, Cincinnati; L. Firestone, Wooster; J. G. F. Holston, Zanesville; Robt. Rogers, Springfield; S D. Turney, Circleville; W. D. Griswold, Circleville; N. S. Hill, Neville.

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A VALUABLE WORK ON MEDICAL STATISTICS FORTHCOMING.—We are glad to notice that on the 9th inst., a resolution passed both the National Senate and House of Representatives, directing the Secretary of War to communicate a report of the Medical Statistics collected during the war, in the Bureau of the Provost-Marshal General, by Surgeon J. H. Baxter, as soon as such report can be compiled and prepared for presentation by him.

Surgeon Baxter has been indefatigable in this work, and we shall look for a report that will be a valuable addition to statistical science.—*Medical and Surgical Reporter.*

Correspondence.

Letter from Boston.

BOSTON, MASS., June 8th, 1866.

MESSRS. EDITORS:—The anniversary of our State Medical Society was held on the days of May 29th and 30th. A session of two days was a new feature in the history of the Society: and one that will be remembered with pleasure from the apparent interest manifested by the Fellows of the Society.

The first day was occupied with visits to the Massachusetts General Hospitals and the City Hospitals, to witness operations and the exhibition of surgical patients; also to the Anatomical Museum and the Museums of Natural History, etc.

Papers were also read on the following topics:

On the Vegetable Parasites of the Human Skin, by Dr. Jas. C. White; Observations on the Physiology of the Larynx, by Dr. H. K. Oliver; Autumnal Catarrh, by Dr. Morrill Wyman; Some Conservative Measures required in Certain Diseases of the Eye, by Dr. H. W. Williams; Luxations of the Shoulder Joint, by Dr. R. M. Hodges; Observations on Cholera, by Dr. W. Channing; The Policy or Impolicy of Removing Leucocythemic Glandular Tumors, by Dr. D. W. Cheever; Cystic Tumors of the Jaw, by Dr. J. Mason Warren.

Dr. H. J. Bigelow exhibited a new agent, Rhigoline, for local anæsthesia; and Dr. H. B. Storer a new clamp, to be used in the removal of the uterus and ovarian tumors, instead of the ecraseur. He gave a detailed account of its practical use.

During the second day, the official reports were presented, giving the result of the Councillor's meetings, and the financial condition of the Society. The Treasurer's report shows that the year's receipts have been $6,098.97; expenditures, $4,252.21; balance on hand, $1,846.76, of which $867.42 is available for the general purposes of the Society. The property of the Society amounts to $30,420.17.

The annual assessment was increased from three to five dollars. A prize of $100 was offered last year for the best essay on "Expectant Medicine; the extent to which it is practiced at the present day, and the modes by which it is counterfeited." As no essay was presented, the offer is still renewed.

Dr. L. Parks, Jr., chairman of a special committee, read an elaborate report on *Cerebro-Spinal Meningitis.* Several gentlemen from various parts of the State, gave their experience of this disease, as it has appeared within the circuits of their practice.

Dr. H. R. Storer read a paper on "The Abetment of Criminal Abortion by Medical Men." One fact was stated, that in eight years, ending in 1857, there were thirty-two trials in this State for this offence, without a single conviction.

Dr. Chapin read a paper on the medicinal qualities of the common mullin. A well constructed bed, having some peculiar comforts for bedridden patients, giving them an opportunity to exercise without inconvenience, was exhibited by Dr. Cutter; also a very simple instrument for producing local anæsthesia.

At one o'clock, the annual oration was pronounced by Dr. George C. Shattuck, on "Professional Relations." I give you a brief report, taken from one of our local papers:

"Dr. Shattuck, after speaking of the success and importance of the Society, proceeded to enlarge upon the work and the trials of the profession. One of their greatest trials, he said, was that they were obliged to have intercourse with many who from ignorance have no confidence in the profession, and ridicule and insult them. We have, he continued, within our midst, societies of individuals banded together to interfere with the work of the profession, and to set up the idea of all working upon their own ideas. This state of affairs should lead medical men to look into their own selves, and see wherein they are deficient, and what is wanting to counteract this work. Such societies as this are valuable in this respect to an extensive degree. The speaker referred to and read the act of Parliament providing that no person shall practice in

London the art of healing except on strict conditions, and recognizing the high position which the medical profession held; and then argued that the medical men especially needed to be continually seeking light and strength from above, and that theology should not be disregarded. Touching on quackery he said that the medical societies had not the authority to punish this rascality, and therefore the profession should continue to improve themselves and to so work and study as to keep out from their midst those ignorant persons who profess, but do great injury. He acknowledged that the science was not perfect, but this should not be allowed as an argument against it; a harmonious concentration of action and effect should be made to perfect the science and increase the skill upon which depends the alleviation of suffering humanity. We must look out for moral improvement in order that we may succeed. The orator considered that many of the abortive attempts to heal and cure were attributed to selfishness. Faith and confidence in ourselves, he said, are essential elements in order that we may inspire a reciprocal response from our patients. Education is an all important consideration to the practitioner. We must all deplore the ignorance and want of culture of those who are just entering the profession. We want and should have immediately medical schools. The Legislature has never given a cent or given any encouragement to such institutions, while it has but recently given aid to a female medical college; therefore we can only depend upon private generosity. The three years' course which is now the term for students, is not long enough, and thorough enough. The science of medicine is never completely learned; the student must ever study, must ever experiment and be open to suggestions and information. In conclusion, the orator eulogized those members of the Society who have during the last year "passed that bourne whence no traveler returns." It has been stated, he said, that in the medical profession the average of life is small, yet of the nineteen who have gone to their rest and their account, one attained the age of eighty-one, and one of eighty five; all were held in high esteem by their fellows; and their good qualities and faithful services will ever be remembered."

At half past two o'clock, about six hundred members, from the veteran, with snowy locks, and the weight of long years of professional devotion resting upon his brow, down to the new-made doctor, came around the festive board; when sweet music lent its aid to melodize all hearts, and swell the current of good feeling, so apparent when the physical and mental natures of mankind are about to participate in the delicacies of the culinary art, and the more enlivening feast, where reason, wit, and warmth of sentiment have full and unrestrained limits. So passed the fleeting moments. Of the speeches made and sentiments offered, the limits of this letter will not allow me to sketch.

The Medical Societies of several other States were represented by delegates. Perhaps at no previous period was more genuine interest shown than at the last meeting of our venerable Society. The published transactions this year will be of much practical value.

Of late, several physicians of this city have been perfecting apparatus for the local application of anæsthetics in minor surgical operations. Atomizing chloroform, ether or rhigoline in this way, produces freezing and insensibility very rapidly. The latter is more rapid in its action than the two former.

The profession is becoming much interested in the use of atomized fluids by inhalation, for pulmonary diseases and for the nasal passages. Improvements on English or German inhalers is of almost every day occurrence; at least, one is led to think so by the number of patterns in the market.

This method of applying remedial agents is destined to have a fair and impartial trial, if we judge from the number of competent physicians who have taken up the matter.

Our city is undergoing a thorough sanitary survey, and the authorities are making preparations in the harbor, on Gallowpees Island for the reception of any Cholera patients that may come into quarantine. The consulting physicians are out with a report to the City Fathers that Cholera is not contagious, in contradistinction to the views of the City Physician, Dr. Read. Who is right? *Nous verrons.* B.

Letter from Dr. White.

Messrs Editors:—In the last number of your journal I find a letter from "Roberts Bartholow," in every way characteristic of its eccentric author. I do not propose to let myself down to *his* level by gross personalities, but will merely remark that the statements he has made *are, in the main, false.* Please publish the accompanying paper, read before the "Academy of Medicine," a short time after his objectionable "report" appeared in the *Cincinnati Journal of Medicine:*

In this paper I have not mentioned water. I said, "would give water *ad libitum*, externally or internally, hot or cold, to *suit the patient.*" This does not correspond, exactly, with the words of the unfortunate author who represents me "appealing to the Academy 'in Heaven's name!' to give the patient in the collapsed stage of Cholera, *whatever he may desire.*" !!

J. F. White.

Mr. President—I find in the last number of the *Cincinnati Journal of Medicine*, an incorrect report of the views I expressed a few evenings ago, on the treatment of Cholera, which I beg leave now to correct, and to which I invite the particular attention of the learned reporter. [See *Cincinnati Journal of Medicine*, p. 205, April, 1866.]

This is not the first time his memory has failed him, or *it may be*, that he has indulged in willful misrepresentation of my expressions. If the error has arisen from the former, due allowance should be made for his frailty. If from the latter, as a doer of *small* things, he deserves unmitigated contempt.

By reference to the minutes, the report of my remarks by our worthy Secretary will be found essentially correct.

I said, in the treatment of many diseases we are apt to ignore common sense, and that in the treatment of Cholera this failing was especially noticeable. That whilst drugs have their place, the stomach of a patient in *Choleraic collapse* is no place for them. That large or small doses of calomel might as well be put in a glass bottle or gutta percha bag, as into the "ventriculum" of a pulseless, cold, shrunken, shrivelled, livid human being. That common sense protested against any such "*methodus medendi.*"

Now, as to the distinction the learned reporter makes between the common sense I spoke of, and the "sound common sense doctrine" of my friend, Dr. Almy, let it go for what it is worth. With regard to calomel, as I have stated on former occasions, there is no evidence that the *calomel treatment* has been more efficacious than treatment without it.

Discoursing on the treatment of actual Cholera, Dr. Gull makes this very important remark: Under various and opposite plans, the recoveries, even in severe cases, averaged from 45 to 55 per cent. according to the period of the epidemic; they should therefore exceed the highest of these numbers before they can be adduced in proof of the value of any particular method of treatment. In general, no appreciable effects followed the administration of *calomel*, even after a large amount in small and large doses had been administered. For the most part, it was quickly evacuated by vomiting or purging, or when retained for a longer period, was passed unchanged. Salivation but very rarely occurred, and then only in milder cases. "We conclude *that it was inert* when administered in *collapse*, that the cases of recovery following its employment at this period were due to the natural course of the disease, *as they did not surpass the ordinary average obtained when the treatment consisted in the use of cold water only!*"

Dr. Tanner, in the last edition of his work on Practice of Medicine, says: "Mercury has been highly praised by some practitioners, and especially by Dr. Ayre; who shows that of 725 unequivocal cases treated with it, 360 recovered. But it has been pointed out by Drs. Baly and Gull that under opposite plans of treatment the recoveries even in severe cases averaged from 45 to 55 per cent. according to the period of the epidemic. Consequently the facts adduced by Dr. Ayre *are not worth much.*"

Dr. Aitken speaking of the heroic remedies that have been employed in Cholera, says: "As to calomel, that medicine was used to the greater part of an ounce in twenty-four hours, but with so little success, that many patients have been seized and have died under the full influence of mercury."

According to Dr. Ayre's *own exhibit*, "nearly all his collapsed patients in 1854 died."

The following utterances of Dr. Wilks, Physician to Guy's Hospital. are so characterized by common sense, as to merit the attentive consideration of the Academy: "We must therefore, study disease in all its forms, endeavor to discover, its cause, watch its progress, and note carefully its termination. In chronic affections much has already been done in this direction, but in the more acute diseases we are still in want of much knowledge as to their true nature. The Doctor so often steps in with his remedies, that it is difficult to ascertain what changes are due to the natural progress of events and what to the remedies. *He often attributes to his own drugs what is due to Nature; otherwise how does he account for the same result when so various means have been employed.*"

Reviews and Notices.

Biographical Sketches of Distinguished Living New York Surgeons. By SAMUEL W. FRANCIS, A.M., M.D, Fellow of the New York Academy of Medicine. New York: Published by JOHN BRADBURN., 1866.

The readers of the Philadelphia *Reporter* have seriatum for many months been gratified with the perusal of sketches of prominent New York surgeons. How far this disposition to parade the accomplishments and achievements of the active living practitioners of New York or any other city, before the public is exactly legitimate is matter for serious ethical inquiry. The volume before us is the collected series of Dr. Francis' sketches, cleverly arranged in book form. Whatever criticisms we may be disposed to offer upon the general idea of such a work, we certainly accord to the author its readable execution. The memoir of the late Dr. Valentine Mott opens the book and is accompanied with a finely engraved portrait—which though good, we scarcely think does the original full justice. The remainder of the sketches are pleasantly written, and we think the author has entered upon his task and prosecuted it *con amore.*

The Transactions of the American Medical Association. Instituted 1847. Vol. XVI. Philadelphia: Printed for the Association. 1866.

The *Sixteenth Annual Meeting* of the Association was held in the city of Boston June 6th, 7th, 8th and 9th, 1865, and we have before us the result in the shape of the large volume of Transactions fresh from the press about the date of the meeting at Baltimore.

The volume of Transactions for 1865 is larger than for several years heretofore, and as we think more than usually valuable. We do not propose to notice in full all the contributions to the present volume—we rather advise our readers to forward the money to the Treasurer, Dr. Wistar, and procure a copy for themselves. We call attention, however, to some of the essays, chiefly as we have happened to peruse them from accidental attraction.

We have read with care and interest the paper by Dr. Fisher, of Chicago, on the use of the Sulphites of Lime and Soda in the Treatment of Hospital Gangrene and other Zymotic Diseases. This paper is chiefly valuable, the more from its individual experience, than from any particular repetition of previous papers on this theme.

Next in order is an elaborate and important paper by Prof. Horatio R. Storer, of Boston, on the Causation, Course, and Treatment of Insanity in Women. Dr. Storer commences by noticing the appointment of a Standing Committee on Insanity at the meeting in St. Louis in 1854, and laments that only two reports have reached the Association in this entire eleven years. The special studies of Dr. Storer in the department of Uterine Therapeutics naturally suggests to him the field of inquiry in the present paper, which as we said is elaborate and occupies more than one hundred pages of the annual volume. While Dr. Storer very cautiously guards against any narrow ideas of universality of causation or treatment, yet the real drift of his essay is the demonstration that *sex* has a controlling influence in a large proportion of cases; that is to say that very many of the cases of insanity amongst females grow out of some sort of uterine disturbance; and of course the natural sequence is that these cases require for their proper treatment, local treatment adapted to the special pelvic derangement. The whole paper is able and well repays a careful study.

Two essays embraced in the present volume were deemed worthy of the Association prizes: one is on the surgical treatment of morbid growths in the larynx—that is to say, on laryngoscopy—by Dr. Louis Elsberg, of New York. This essay not only reviews cleverly the general progress of this department of our art, but gives a contribution of individual experience that adds a real value to the paper. The decided merit which this paper manifestly possesses, is unpleasantly marred by the ridiculous display of egotism in announcing the marvelous brief number of days and nights occupied in planning, finishing and drawing the wood cuts of the article.

The second Prize Essay is by Dr. Storer, and is a full, calm and able discussion of the subject of Criminal Abortion, a theme largely engrossing the attention of the profession, as it seems at the same time to be a crime sadly on the increase. At another time we may more particularly call attention to this essay, as reprinted for general circulation under the title of "Why not?"

In addition to the essays thus particularized are quite a number of shorter essays on a great variety of subjects. The volume is largely illustrated, more particularly the papers properly belonging to the Section on Surgery—including the essay of Dr. Elsberg.

It is well known that the Association is embarrassed for means to continue its publications and we trust the members all over the country will be influenced by a proper pride to send in their subscriptions for the forthcoming volume and for the one we are just noticing.

A Manual of the Principles of Surgery, based on Pathology, for Students. By WILLIAM CANIFF, Licentiate of the Medical Board of Upper Canada; M.D. of the University of New York, etc., etc., etc. Philadelphia: Lindsay & Blakiston. 1866.

The following extract from our author's preface indicates in brief the plan and character of the book. He says:

> "This volume was commenced while the author was engaged in lecturing upon the Principles and Practice of Surgery. Finding that a single session, although of six months, was not sufficiently long to permit him to embrace in his course both the principles and practice of the science, he proposed to himself to prepare a handbook of the principles for his class, that he might thereby be enabled to devote more time to the practical part of the subject. Circumstances having led to his withdrawal from the College he has been induced to extend the limits of the work to the present size in the hope that it may be found more useful. In doing so great attention has been devoted to surgical pathology, believing that it is most essential to a knowledge of all rational treatment."

Further than this we will only say that Dr. Caniff has furnished a convenient book of reference for the student of the principles of surgical pathology. It is, however, not intended to meet *any particular* existing surgical want of which we were aware. It is published in good style, by the well known House of Lindsay & Blakiston.

For sale by Robt. Clarke & Co. Price $4.50.

Reflex Paralysis; its Pathological Anatomy, and Relation to the Sympathetic Nervous System. By M. GONZALES ECHEVERRIA, M.D., Physician to the Charity Hospital, New York, etc., etc. New York: Bailliere Brothers, 520 Broadway. 1866.

This neat little monograph was originally published in the New York Medical Journal for the issues of April and May of the current year. As reprinted in its present form, the author has somewhat retouched it, and it is illustrated with a few exceedingly fine microscopic drawings prepared by the process of heliography on steel. The discussion of the physiological questions of reflex paralysis are conducted with a pleasant style, and the author has illustrated his views by a large number of cases. To those interested in this important branch of study this little volume will prove attractive and worth reading.

Died, June 18th, 1866, at his residence in Bellbrook, Green Co., Ohio, JAMES R. BRELSFORD, M.D., aged 38 years.

In 1861, Dr. Brelsford accepted the position of Surgeon to the Seventy-Fourth Regiment, O.V.I. He remained a useful member of the medical department of the service until near the close of the war, when he resigned in consequence of failing health. Dr. Brelsford was remarkable for his amiability and sweetness of disposition, which was united with a high sense of the dignity and honor of his profession, so that he was respected as well as beloved by all who knew him.

Died, at Moore's Hill, Indiana, on the 23d of January, 1866, Dr. HENRY J. BOWERS, aged 65 years. Dr. Bowers was for many years one of the leading physicians of Dearborn County, and in everything pertaining to the growth, prosperity and progress of that part of Indiana he took an active part. For a number of years he represented his county in the State Legislature. He was a sincere and consistent Christian.

Paul B. Goddard, M.D., died in Philadelphia July 5th ult. Dr. Goddard was a well known practitioner of Philadelphia, and had at one time been favorably known as a teacher of Anatomy and author.

Editor's Table.

The Miami Medical College.—This Institution will enter upon its Fall session under most favorable auspices. Since the close of the last term, the Faculty has purchased a beautiful lot in close proximity to the Commercial Hospital, and a new edifice on this site is fast approaching completion. The building will present a handsome exterior and will be abundantly commodious for all desirable purposes. In the rear part of the structure, cut off from all street noises, will be two well lighted, well ventilated and roomy Lecture rooms, with Laboratory to the rear of the lower room. In front will be Faculty rooms, Lobby, Janitor's apartments, Museum and Dissecting Rooms. The new College will be completed in ample time for October Lectures.

The Clinical Advantages of Cincinnati.—There is a growing and proper sentiment in the profession in favor of a more intimate blending of clinical and didactic teaching in our Medical Schools. There is a large amount of Hospital Material in this city—which to a good degree has always been made available for purposes of medical teaching—indeed, if judiciously managed and distributed throughout the week, there is quite as much clinical material as can be made profitable to the student in connection with the winter course of instruction. We shall very soon have a new Hospital in this city, which will be adequate to our growing necessities and in accordance with the advanced ideas of the profession. In the mean time, the Staff of the Commercial Hospital is alive to their responsibilities, and will conduct its regular clinics more than ever to the advantage and for the improvement of Medical classes. We can, therefore, with great confidence assure medical students who wish to come here that they will have abundant opportunities for acquiring a thorough practical knowledge of their profession.

Medical Department, University of Louisville.—We regret to learn that this influential School of Medicine, which boasted of its "giants in those days," has had all its chairs vacated, and is undergoing "reconstruction." Prof. Armor, of Michigan, Prof. Goldsmith, of Louisville, and Prof. Ford, of ——, Vermont, have severally been tendered positions in the new organization, and we understand the veteran Miller will probably return to his old chair of Obstetrics. A pamphlet history of the quarrel has reached us. We regret, as we have said, to learn of the state of things amongst our neighbors. The reorganization of a Faculty in a Medical College, except for very grave reasons, is a serious embarrassment for any School to carry as its burden.

International Medical Congress.—It is proposed to hold an international Medical Congress in Paris on the occasion of the "Universal Exposition" in 1867. A central committee has been formed in Paris, of which BOUILLAUD is President and JACCAUD Secretary, to prepare the organization of this grand Congress. We have received the preliminary Circular of Bouillaud, but can not at this time afford space for its translation into our pages. This committee, however, is engaged in maturing the plans, and in due time will issue a full programme for the Congress, which we shall hope to lay before our readers. In the mean time, we call the attention of the American Profession to the importance of this assemblage, and trust this country will see to it that our ablest representatives are encouraged to attend the grand International Congress of 1867. Aside from all considerations of a scientific character, such a Congress will do much to fraternize the profession of the world. American physicians, surgeons, and obstetricians are beginning to be known in Europe. Let that prove an occasion when they may be felt, not from national bluster, but as an infusion into that Congress of tone, character and worth.

To Correspondents.—The large amount of space occupied by State and National Society Transactions has delayed the appearance of several valuable original papers which have been on file for some time. Amongst these are essays on Cholera by Dr. Carroll, of this city, and Dr. Schenck, of Franklin. For the same reason we have been compelled to omit our *Abstract Department*, although Dr. Fletcher has prepared for us regularly a copious supply of material. We have received communications from Drs. Evans, S. C. Yager, Larue, Dutcher, Morse and Browning, which are awaiting their turn.

New Journals.—There are now three first class medical journals in New Orleans, viz.: The Southern Journal of Medical Sciences, quarterly, edited by Drs. Brickell and Beard; Medical and Surgical Journal, bi-monthly, by Drs. Stone and Jones; and the Medical

Record, 1st and 15th of each month, by Dr. Dowler. The price of the first two are each $8.00 a year, the third $6.00. We welcome these able colaborators to our exchange. We wish them the success they deserve. The only cold water we throw is, that knowing somewhat of the perils and trials of medical journalism, we fear they can not all live, unless out of pocket.

Dr. Bowling has revived the well known Nashville Journal of Medicine and Surgery, assisted by Prof. Eve. Its visit to our sanctum revives old and pleasant associations. Price $5.00 a year. From Memphis we have received four issues of Medical and Surgical Monthly by Drs. Ramsey, Saunders, Willett and White. Price $5.00 a year. We greet you all, and extend our earnest and sincere good wishes.

The International Ophthalmological Congress, which was to have been held in Vienna this month, has been indefinitely postponed on account of the war.

The Gazette Medicale of Montreal, the organ of the French physicians of Canada, expires with its twelfth issue.

Long Island College Hospital.—This Institution held its commencement exercises on the 28th of June. There were forty-six graduates.

Dr. J. H. Douglass, as is stated in the New York Medical Record, has resigned his position as editor of the New York Medical Journal. We see no notice of this kind in the Journal itself, but this may be from there being no editorial staff announced. We shall regret to part with Dr. Douglass again so soon.

Maine Medical College.—We notice that this school has recently completed a commodious and suitable building at Brunswick, and we are gratified to learn that this College is prospering, and is so situated as to afford excellent clinical advantages to its students.

Dr. Willard Parker has resigned his position as one of the attending Surgeons of Bellevue Hospital, New York, and Dr. H. B. Sands has been appointed to fill the vacancy.

Personal—Drs. White and Bartholow.—Personal discussions are not to our taste, and we presume not acceptable to our readers. Still we could not very well avoid the little "passage at arms" between these two gentlemen, but we must now close the door. Certainly all has been said on both sides that is profitable, or demanded for honor's sake.

Obitual Record.

Reuben Dymond Mussey, M.D., L.L.D.

In the last number of this journal the death of the venerable Prof. Reuben D. Mussey, was announced as having occurred in Boston on the 21st of June, having reached the advanced age of 86 years. We come now to make this record of some of the prominent points of his life, not as sorrowing mourners, for he had reached a fullness of years, and a fullness of professional honors and success, and reposed in the consciousness of a well spent life. We can only, therefore, drop a green bough in his grave, and humbly make our tribute to the excellence of a great and good man.

Ten years ago, accompanying an engraved portrait of Dr. Mussey, we published in the *Observer* a sketch of his life, prepared by Prof. Mendenhall. From that we condense this brief notice.

Prof. R. D. Mussey was born in Rockingham Co., New Hampshire, June 23d, 1780. He was the son of a physician, Dr. John Mussey, who, though a worthy man and respectable practitioner, was not able to materially assist his son in the acquirement of his profession. He resorted therefore to labor on his father's farm, and teaching in the winter. He graduated at Dartmouth in 1803, and immediately commenced the study of medicine with that eminent man, Dr. Nathan Smith, and took his degree in the Medical Department of Dartmouth in 1805. He subsequently graduated at the University of Pennsylvania in 1809. It was at this early date that Dr. Mussey made for himself his great reputation as an original and successful investigator; demonstrating by patient and ingenious experiments, contrary to the accepted teaching of that time, especially that of Dr. Rush, the capacity of the skin for absorption.

In the year 1814, Dr. Mussey was elected to the chair of Theory and Practice of Medicine in Dartmouth Medical College, but owing to some Faculty changes, lecturing on Chemistry; transferred to the double chair of Anatomy and Surgery in 1819 where he continued until his removal to Cincinnati in 1838. In intervals, however, he gave courses of Chemistry and Obstetrics at Dartmouth; Anatomy and Surgery at Brunswick, Me.; and on Surgery at Fairfield, N. Y.

The winter of 1829-30 and the following spring and summer, Dr. Mussey spent in London and Paris. His fine surgical reputation having already preceded him and securing for him admission to the first professional circles in those great cities.

In the fall of 1838 Prof. Mussey accepted the chair of Surgery in the Medical College of Ohio, and removed to this city, where he entered upon a new and wider field of surgical success and fame. He continued to give the regular course of Surgery in the Medical College of Ohio for fourteen consecutive winters, resigning his connection with that College in the spring of 1852. During that summer the Miami Medical College was organized, Dr. Mussey taking the chair of Surgery, and giving to that new enterprise the weight of his great name and personal influence. He continued to lecture on Surgery in the Miami Medical College,-until in 1857 the well known attempt to merge that School with the Medical College of Ohio was carried into operation.

We can not in such a notice as the present do justice to the surgical achievements of Dr. Mussey. Their enumeration is a brilliant record for American Surgery; some of the most remarkable being while chief Surgeon to the Commercial Hospital of this city, but while in charge of St. John's Hotel, and then having numbered considerably beyond his "three score and ten" we saw him ligate the carotids with the same nerve as when in the prime of life.

In 1854, the Dartmouth College conferred upon Dr. Mussey the degree of L.L.D. About the year 1860, he went to Boston, and for the most part thereafter made his home with his daughter, Mrs. Mason, near that city, retiring from all the duties of professional life.

The only work he has published is a characteristic volume on Hygiene, entitled Health, its Friends and Foes; published in 1862. We learn, however, that at an early date, all the important surgical papers of Dr. Mussey will be arranged for publication by his son, Prof. W. H. Mussey, together with a suitable memoir of his professional, personal and religious life. Dr. Mussey was an ardent, sincere and unostentatious Christian. He was one of the most devoted laborers in the cause of temperance. He also held some extreme and peculiar notions in regard to diet, abstaining for many years not only from all intoxicating drinks, but also from all animal food. His memory will be long cherished in the hearts of sincere friends and admirers, and especially amongst the hundreds who have received from his hands quiet benefactions—as well as professional aid. Having been the first President of the Academy of Medicine, that Association very properly took action on his decease, and at a special meeting, June 27th, adopted the following:

WHEREAS, This Academy of Medicine has learned of the decease of Dr. R. D. Mussey, full of years and of honors, it expresses its profound admiration for his many virtues as a man, his eminence as a surgeon and physician. As a surgeon, he had few superiors, and not many equals. His knowledge of internal pathology constituted him an excellent physician, and contributed largely to his surgical success. He had no love for operative surgery in itself, but regarded it as a final recourse when all other means had failed. An excellent observer, he was an accurate man in his knowledge and statements. While he was a great man, he was simple and unostentatious in his manners. As a lecturer, he was clear and concise, and in all that constituted a good teacher he was among the best. He was eminently a truthful and honest man. His name has been historic for near half a century, and his fame as one of the great surgeons of the age is coextensive with the march of medical science throughout civilization, and having been the first President of this Academy,

Resolved, That in the death of Dr. R. D. Mussey, the profession has lost a good and great man, who reflected honor on it by his scientific operations, and the uprightness and purity of his life.

Resolved, That the hearty sympathy and condolence is hereby tendered to the family of the deceased in their bereavement, and that a copy of these proceedings be transmitted to them.

Resolved, That these proceedings be published in the daily papers and the medical journals of the city.

THOMAS CARROLL, M.D., Chairman.

J. A. MURPHY, M.D.,
R. R. McILVAINE, M.D.,
C. S. MUSCROFT, M.D.,
J. J. QUINN, M.D.
CHAS. WOODWARD, M.D.,
GEORGE FRIES, M.D.,
J. L. VATTIER, M.D.
Committee.

At a meeting of the profession, held on the 29th of June, at the Medical College of Ohio, Dr. David Judkins in the chair and Dr. S. Sexton, Secretary, the following action was had:

On motion, a committee of five, consisting of Drs. John A. Murphy, George C. Blackman, M. B. Wright, John Davis and Jesse P. Judkins, were appointed to prepare a preamble and resolutions, expressive of the sense of the meeting. The following were then presented and adopted:

"WHEREAS, In the providence of God our distinguished friend and brother, Dr. R. D. Mussey, has been removed to another world, we express our deep sense of sorrow. For more than fifty years he was a successful surgeon and physician, and a benefactor to humanity. He added greatly to the progress of the art and science of medicine. Equally distinguished as a physician and surgeon, his whole life was characterized by the highest sense of moral duty, and in all relations professional and social, uprightness and purity of motive and action characterized him. Few men have passed in the profession a better or more useful life. To labor, with him, was a duty, and to do good, especially to the poor, was his highest pleasure.

"To many of us, he was almost a father, who not only by his sound medical teaching, but the kind and tender interest, the sober advice, and the correct life, taught us to love him, and to imitate him in all his good works. Known throughout this country, as well as in Europe, his loss will be regretted by all; therefore, be it

"*Resolved*, That in the death of Dr. Mussey the profession of Cincinnati has lost a father, a great surgeon and physician, the city a good man, and humanity a true friend.

"*Resolved*, That a copy of this preamble and resolutions be forwarded to the family by the Secretary with the sympathy of this meeting in their grief."

Drs. Murphy, J. P. Judkins, Blackman, Wright, and David Judkins, pronounced brief eulogiums upon the life of Dr. Mussey; and Dr. G. C. Blackman was appointed by this meeting to prepare an address on the life and services of Dr. R. D. Mussey.

The *Faculty of the Miami Medical College*, which had looked up to him as their chief in the days of their early organization, make the following action on his death:

At a meeting of the Faculty of the Miami Medical College, held June 26, 1866, the following preamble and resolutions were unanimously adopted:

"Whereas our esteemed friend and former colleague, the venerable R. D. Mussey, has been removed from the scene of his labors by death, and

"Whereas we fully recognize the fact that the success of this institution, at its organization, was, in a great measure, due to his high reputation and great skill, therefore be it

"*Resolved*, That in the death of Dr. R. D. Mussey we mourn the loss of one whose place can not be filled; one whose eminent abilities, spotless integrity, and untiring industry made him a model truly worthy our imitation; and while we deeply sympathize with his family and relatives in their bereavement, we fully realize the consolation which must ever flow from the remembrance of his many virtues, his long and useful life, and the benefits he has conferred upon mankind by his medical and surgical investigations and discoveries.

"*Resolved*, That a copy of these proceedings be transmitted to the family of the deceased, and also placed upon the records of the transactions of this Faculty.

"*Resolved*, That these proceedings be published in the daily papers, and in the medical journals of this city.

GEO. MENDENHALL, M.D., Dean.
"H. E. FOOTE, M.D.,
"WM. CLENDENIN, M D., } Committee."

Thus has gone before, to join the great throng of the good and blessed, another true worshipper.

Business Notices and Acknowledgments.

NEW BOOKS.

Da Costa—Medical Diagnosis. J. B. Lippincott & Co., Phil.

Garratt—Medical Electricity. Same publishers.

Bills—Arrearages.—In the last number of this journal, bills were sent out to all those in arrears. A large number have promptly remitted the amount. We trust all others will at once "go and do likewise." Our subscription list is steadily on the increase, and was never so free from delinquencies. There are, however, still remaining a good many names indebted not only for the current, but several past years. In remitting, we will be obliged if our friends will enclose the bill at the same time.

Liquors for Medicinal Purposes.—To such of our friends as need good wines for the sick, or fine Bourbon whisky, we can recommend the house of Henry Brachman & Co., 79 and 81 West Third St.

Elwell's Malpractice.—We are gratified to notice that a new edition of this most excellent work is demanded and will soon be issued. For its estimate abroad we refer our readers to an extract embraced in the advertisement in this number.

The Medical Observer.—We have on hand a few complete volumes of the Cincinnati Medical Observer for 1856 and 1857. The volume for 1857 contains steel engravings of Drs. Drake and Mussey. The volume for 1857 contains a fine steel engraving of Dr. Shotwell and a lithograph of Dr. Buckner. We also have a few surplus single numbers containing the engravings of Dr. Drake and Dr. Mussey. The volumes either of them complete are for sale at $2.00 each. The single numbers with engravings, 25 cents.

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A CLEVELAND BOOK IN ENGLAND.—It is among the the uncommon things in literature for the old English reviews and University Professors of Europe to speak well of anything American, especially authorship. It is therefore with some surprise, as well as satisfaction, that we find in the *London Chirurgical Review*, the leading and most learned and Critical Quarterly of Europe, not only a fair and searching review of Col. J. J. Elwell's Medico-Legal work, written just before the war, but a most enthusiastic endorsement of its ability, originality and practical utility. We give some extracts. The reviewer says:

"Dr. Elwell deserves the thanks of the medical and legal profession for the very valuable work he has presented to them. It worthily upholds the high character which has already distinguished transatlantic jurisprudential literature. Dr. Elwell's special qualifications for the undertaking he has so ably completed, will be best inferred from his prefatory observation. In pursuance of his design, the volume before us is divided into two parts, both manifesting enlarged experience and extensive research, and both affording unmistakable evidence of the author's anxiety to perfect, as he has done, a volume worthy of the occasion. The inherent elementary difficulties connected with the practice of medicine and surgery are discussed by Dr. Elwell with an ability which proves him to have been a highly informed member of the profession, the immediate practice of which he has forsaken. In his chapter on "Malpractice from Amputations," an analysis of the various forms of apparent warrant for so serious an operation is instituted. This is followed by able observations on "Fractures, Dislocations and Deformities," wherein these several subjects are reviewed in a most masterly manner.

The second part of Dr. Elwell's work, in which is discussed the medical evidence, must be regarded as a valuable addition to our judicial literature. It includes the medico-legal consideration of insanity, poisoning, and the several other questions in which the opinions of experts are available for the further-

ance of justice, and is written throughout in a thoroughly philosophic spirit. Dr. Elwell's observations on the duties and responsibilities of medical witnesses specially deserve perusal. Having in terms of just censure, alluded to ignorant and self-conceited " doctors " who often intrude themselves upon the court and bar, Dr. Elwell offers a masterly sketch of the principles which should guide the expert in the discharge of his duties. These opinions, expressing high and exalted moral sentiments with accurate and enlarged scientific views, cause us to exclaim, " Happy the people and privileged profession who experience and practice in accordance to this teaching ! " We find throughout the volume, close reasoning and correct law, just criticism and able opinions, practical exposition of principles in their operations, and careful examination of the relative value of medical facts on which scientific judgments not unfrequently rest. We find controversy and personality in medical writing advisedly censured, and the gifted and amiable Prof. Taylor rebuked for certain observations in his last volume. We found his scrutiny of the evidence in Palmer's trial the ground for Dr. Elwell's remark : "If his professional brethren in England are half as bad as he represents them, the condition of medical testimony in that country is truly deplorable." We stood rebuked. We felt that here at home there was much to regret, much to improve, much to wish otherwise. We close Dr. Elwell's most learned work."

The first edition of the work was a very large one. It is exhausted and a second edition called for. The old law publishing firm of Baker, Voorhis & Co, New York, issue the new edition.—*Cleveland Herald.*

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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. IX. SEPTEMBER, 1866. No. 9.

Original Communications.

ARTICLE I.

On the Symptoms and Treatment of Asiatic Cholera.

BY THOMAS CARROLL, M.D.

Read before the Cincinnati Academy of Medicine.

From the observations which we made during the two great invasions of the Cholera; the first beginning in 1832, and the second late in 1848, we came to the conclusion that the disease could be better understood by dividing it into four stages. First, the diarrhœa; second, that in which vomiting and purging occurs; third, the stage of collapse where there is a loss of pulse at the wrist and temples, and mostly a cessation of both purging and vomiting; and the fourth stage, or that of reaction or that which follows collapse; and that which is characterized by all or most of the secretions and excretions being re-established.

During the first stage diarrhœa was not always present, though it was without doubt a general symptom. Where it did not occur there was loss of appetite, noise in the ears, giddiness or pain of the head, tongue slightly coated, with occasional cramps of the muscles of the feet or legs, or both, and often pain in the loins. After all, or some of these symptoms, had continued a few hours, or several days, they exploded into either the symptoms accompanying the second stage, or into dysentery—frequently the latter.

More frequently there was diarrhœa accompanied by a sense of numbness at the epigastrium or pit of the stomach, and the other symptoms above enumerated. These were generally, if not always, accompanied by a scanty secretion of urine. These symptoms often continued for days before rice water evacuations made their appearance. We saw one collapsed case which had been preceded by many of the above symptoms, such as diarrhœa, cramps, especially at night, loss of appetite, and depression of spirits, for a period of three months. This patient died from collapse.

It was often difficult to arrive at a correct diagnosis between common diarrhœa and the first stage of cholera. Our own conclusions were based upon the following inquiries: 1. Had the patient been much exposed to cholera influence? 2. Were the evacuations lighter colored than in common diarrhœa? 3. Were they more copious and debilitating; and 4. Did they occur from any cause independent of diet, and sudden exposure? If these interrogations were answered in the affirmative, we felt pretty certain that the patient had cholera in its premonitory form; and that it was liable to explode into the second stage at any moment. This stage of diarrhœa was called by the quacks cholerine; and they often claimed the credit of curing cholera when, in reality, their cases were nothing more than common irregularities of the bowels. We could point out not a few instances where persons were pronounced to have had cholera several times. A delicate lady told us that she had had the disease twice in 1850. She said she had no diarrhœa, no cramps, no vomiting; but that she had no appetite, and was sometimes hot and sometimes cold. We asked what the doctor called her disease. "Oh!" said she "he called it dry cholera, and said it was just as bad as any kind."

During the premonitory stage the pulse was more frequent than in health, with less force. The stroke of the heart was quicker as well as more frequent than natural, and always showed decided evidence of debility.

In the second stage we generally found the following characteristics. The surface mostly cool, or cold, though occasionally warm and rather dry. When cool, moderate, or free perspiration. The eyes were sunk deep in their sockets; and the whole face had a veinous color, which was sometimes slightly observable in the premonitory stages. The veinous hue, of course, varied in intensity. The ears, hands and feet had less warmth than the general surface; the tongue was even colder than these parts and the breath below the natural temperature; great thirst; cramps of the extremities; but especially of the hands and feet. This symptom was much more frequent in adults than in children, for in them cramps but seldom appeared. Diarrhœa, which had been in the first stage wanting, moderate, or suspended for hours, now burst forth into copious purging of that peculiar fluid resembling rice water. This fluid with flocculent or fleecy matter floating in it, was universal in subjects under the age of puberty; and generally in persons under forty years of age. In those over forty and older, the evacuations assumed the appearance of dirty water or soap suds which had been much used. It was much more ominous than the rice water appearances of a fatal termination. The periods between the evacuations were various. When these periods were short, we think there was less fluid discharges in a given time than when the evacuations were less frequent.

It was appalling to witness the depressing effects of large discharges from the bowels on the pulse; sometimes it would become almost extinct from comparative vigor by a single action of the bowels. The discharges were sometimes involuntary; the least motion causing a stream of watery fluid to flow off; and even when perfectly quiet would occasionally distill away. During this stage the hands were often of a blanched and corrugated appearance, and if at all, vomiting took place. This symptom was not always present. When present, the food previously taken, frequently some hours before vomiting set in, was first thrown off in an undigested state. After these emissions, but little in general was vomited but drinks, and the peculiar liquid similar to, or identical with the dejections. We frequently observed that vomiting even more powerfully than purging reduced the force of the heart and arteries; and of course, had the effect of hurrying the patient more rapidly into the stage of collapse. We have repeatedly kept a finger on an artery during vomiting, and felt it growing weaker until it became imperceptible, before the vomiting had ceased.

Collapse.—The third stage or that of collapse was characterized by hoarseness and a totally altered state of the voice, sometimes almost inaudible. The pulse persisted much longer in bad cases, at the wrist, in the old than in the young. At the temples it generally became imperceptible as early as at the wrist; indeed, in the old, we think it sooner disappeared at the former than the latter point. The great arteries of the neck could be felt in general until very near the last. We saw one case, however, where they could not be felt for six hours before death. It was common when this stage set in for both purging and vomiting to cease. Occasionally, however, both these symptoms continued, vomiting more frequently than purging. This, often, from too much medication. Blindness was an occasional symptom, and the eyes were sometimes bloodshot. This last symptom is one of the most unfavorable that can occur. Patients during this, as well as the fourth stage, tossed from side to side, sometimes for days. Another symptom was the total suppression of urine. This often occurred in the latter part of the second stage; and even throughout the whole course. When the patient occasionally passed urine during the second stage, there was a strong probability that reaction and ultimate recovery would eventually take place without the occurrence of collapse.

Fourth Stage.—This stage is the one which terminates the worst cases of collapse when they do not terminate fatally, and begins so soon as the pulse in a collapsed patient can be felt at the wrist and temples; also with the beginning of warmth of the surface. It is in this stage that the re-establishment of the circulation is brought about; that the liver is again thrown into its normal action, and that the kidneys perform their healthy functions. The skin now assumes its healthy action, and now the patient may, in general, be considered convalescent; but if only one or two of these secretions occur, the patient has to succumb.

Treatment.—First Stage.—When the patient said that he had no diarrhœa, but otherwise had symptoms of cholera, such as cramp, slight nausea, etc., we were much in the habit of giving one grain of opium and five of calomel at bedtime, and if the calomel did not purge by morning, a small dose of castor oil or rhubarb. After the bowels were evacuated, we directed a blue pill of five grains every, or every other night for a short time, and with each pill the fourth or half a grain of opium was given. As soon as the irritation of the stomach and bowels was quieted by this course, a tablespoonful of the compound tincture of bark was directed three times a day, or more frequently, one tablespoonful of brandy after each meal. The dose of these remedies was, of course, to be increased, or lessened, owing to the age of the patient, the circumstances of the case, etc. To these means were often added a warm or cold bath once a day, either by shower or sponging. If convenience allowed, a plunge bath was directed. The patient was directed to avoid all places of public resort, excepting church once a week, as well as undue excitement of every kind, and above all, the exposure to the direct rays of the sun. All meetings held in basements were to be especially avoided; and the sleeping chamber to be freely ventilated, indeed, never closed unless to keep out the heating rays of the sun, or rain; and as few persons to occupy his bedroom as convenience would permit.

Where diarrhœa existed, or afterward supervened, the patient was directed to take about two grains of calomel with half a grain of opium every two or four hours, according to circumstances, until the bowels should feel comfortable. If opium was found to disagree, camphor in equal parts with the calomel, was given. Small portions of morphine in about twelfth grain doses were given with the calomel and camphor, and if there seemed little danger of exciting sickness of the stomach, the fourth of a grain of ipecacuanha was added. We occasionally directed pills with the fourth of a grain of opium, and the same amount of ipecacuanha and one grain of calomel, which in mild cases were directed to be taken *every hour or two.* This amount of calomel might, with pro priety, be reduced to half a grain, and the opium and ipecacuanha be increased to the same quantity. If the skin was found dry and warm during this stage, all the ipecacuanha that could be borne, without the risk of vomiting, was given.

In all the stages of premonition the oil of turpentine was used every few hours as a liniment on the abdomen, mostly, but often on the back and extremities. Occasionally baths of mustard with water were ordered for the feet and hands.

The food was crackers and tea, or coffee in small quantities; and the fleshy parts of beef or mutton was allowed. Rice was a good deal insisted upon as a diet, and lemon juice was admitted in any quantity desired. When the patient was able to move about, summer fruits, such as strawberries, raspberries and blackberries were admitted.

There is a curious fact connected with recovery from the diarrhœal stage of Cholera. It is this, that where diarrhœa is checked during this stage, it is more difficult to get clear of effects of the disease, than where reaction does not take place until after the second or third stage, the patient will generally completely convalesce in a few days.

Second Stage.—In the treatment of the second stage we gave five grains of calomel and half a grain of opium every ten minutes, until our patient had taken twenty grains of the former and two of the latter. With each dose of the medicine was given one teaspoonful of brandy, with small quantities of iced water to wash it down. If the case seemed urgent, we gave fifteen drops of laudanum with each dose, for two or three times in addition to the opium and calomel. Often in female cases the opiate was given in little more than half the quantity, and two or three grains of calomel were given instead of five. We preferred to give the calomel in freshly-made pills, as being more likely to reach the stomach and be retained there, than when given in powder.

If during this time there were cramps of the muscles of the extremities, or of the abdomen, sinapisms were directed to those points, but in all cases the abdomen was occasionally oiled with turpentine. Not unfrequently flannels were moistened with the oil, (or spirits of turpentine) and applied to that region so long as they could be comfortably borne. Very gentle rubbing was directed with soft flannel or the hand, but no severe frictions was admitted. When the cramps were severe, they were mitigated by holding the limb firmly so as to compress the muscles. The patient was directed not to raise his head, but to keep in a horizontal position all the time, as fainting might result in death. At the end of the first forty minutes, if there was no abatement of the purging or vomiting; and if there was no urine, or but little discharged, three grains of calomel with the twentieth of a grain of opium were directed every ten minutes until twenty doses had been taken, or a mitigation of the symptoms had taken place. If after the twenty doses had been taken and reaction had not occurred, and the rice-water discharges continued, we persevered in the use of calomel and brandy; the former in two grain doses every ten or fifteen minutes, the latter in teaspoonful or even less doses with iced water. This course was continued until either collapse or reaction supervened.

One of these generally occurred by the time that eighty grains of calomel and two or three grains of opium had been given. In some instances but one grain of calomel was directed every ten or fifteen minutes, and that without opium; for we seldom give more, as has been said, than from two to four grains of opium in the treatment of any one case. In female cases we generally preferred Sulphate of Morphia to opium, as we thought it had a less deliterious effect on the brain.

To allay thirst small pieces of ice were directed to be held in the mouth as often as the patient wished. Iced water or cold lemonade was given in small quantities, and vinegar and water were admitted as a drink. The almost total abandonment of acid fruits and vegetables in those days, so far from warding off attacks of the disease, was, in our opinion, often injurious; and seemed of itself to indicate the use of vegetable acids. The repeated chemical analyses of the evacuations of Cholera patients, by C. H. Raymond, failed to detect the presence of any acids, and seemed to point more strongly to that mode of treatment.

So soon as the symptoms indicated the termination in reaction, the medicine was withdrawn. The rice-water purging being arrested, and a more healthy action of the heart and arteries established, the patient was allowed a rest of from six to twenty-four hours. The calomel already taken generally acted as a cathartic within the above limits, or, at the farthest within two days. We found to give purgatives was unnecessary in general, and unsafe, because when purging was brought on by those, great debility occurred, and was, in some cases, the forerunner of death. Injections of salt and water given every few hours, were almost always sufficient to bring about an open state of the bowels. Brandy was continued until the pulse rose, and the natural warmth had become generally diffused. In numerous instances in females, and in the temperate, no other medicine was used beside calomel and opium, or morphine.

An occasional symptom common to both the second and third stage of the malady is a claret color of both what is purged and vomited. We saw two cases of this kind; one was in an old man, in whose case the evacuations became of a claret or slightly bloody color during collapse. The patient, when first seen, was on the confines of the collapse, purging and vomiting claret colored fluid. The case was treated with calomel, and very small doses of opium. Of the latter not more than one grain was administered, and of the former, one grain every five or ten minutes. This patient did not collapse, and recovered within a few days, reaction having taken place some twelve or fifteen hours after.. This last case was treated by the lamented Dr. Foster Carroll.

4th Stage.—We come now to the treatment of the stage of collapse where death but too often triumphs over nature and the best directed efforts of the Physician. In no human malady do we feel so much tripidation as we do in the worst forms of Asiatic Cholera; for in most other diseases we have time for deliberation, or can at least see with tolerable certainty the probable result. We meet an individul on the street or on the road, in apparent health, and converse with him. In an hour or two we are summoned to his bedside, and find that in that time he has sickened, and is already sinking into collapse. His tongue and breath are cold; his limbs are cold and shrunken; the skin discolored, and the whole surface bathed in clammy perspiration. The eyes are deeply sunken and dull; the vision is indistinct, and sometimes lost for minutes or hours; the pulse is no longer felt at the wrist or temples; and there is no secretion of bile or urine; the voice is hollow or lost, and mostly hoarse when it exists. The patient tosses from side to side, and passes rice water discharges; perhaps involuntarily his limbs are racked with cramps; and he, who but an hour or two since rejoiced in the buoyancy of active manhood, seems now only to claim relief from suffering by death; which but too often follows.

The whole affair has been so sudden that all but the medical adviser are thrown into confusion; and he too often partakes of the general alarm, and to that extent is disqualified for rendering the needed medical assistance. He considers that all that can be done must be effected in a very brief period; and directs perhaps more than can be useful, forgetting, sometimes, the powers of the stomach. He does not reflect that this organ is not a steam boiler, and that heat can not be restored by irritation, where disease has so suddenly prostrated the powers of life. The question now is, how to arrest the rapid tendency to dissolution. We have seen that much of the fluids of the system have been carried away in a serous and alkalescent condition, and the system has shrunk within a short time, from its usual fullness to a state of great emaciation. The pulse is now only felt in the great arteries of the neck, yet the patient still breathes; and vomiting and purging have ceased, if not kept up by improper medication. The whole circulation which now sustains life is confined to the brain, chest and abdomen.

What now will be the effect, if, after the patient has lost 12 or 15 pounds of fluid, and the remainder is confined to the great centers of the body you attempt to diffuse suddenly this quantity already too small throughout the general system. The answer is clear, death in nearly every case. The heart is already feeble, contracting on a small amount of fluid, only sufficient to keep up its pulsations; and the brain too has barely an adequate quantity to prevent fatal conjestion; withdraw this and death must be the inevitable consequence. We saw in 1849, several cases resulting fatally from the use of external heat. One of these was a young man, or boy about 15 or 16 years of age, who was brought into the first ward hospital, and had collapsed twenty-four hours before we saw him. His Physician and nurse thought he must die. He was placed on a straw bed and nursed carefully, but scarcely any medicine had been given him, and he was very lightly covered. He threw himself much about, and was often nearly naked. Another patient, two or three years younger, had been brought in before our visit. This patient was still only in the second stage. The house Physician had ordered unslaked lime in a moistened state to be applied to his cold limbs, The warmth thus produced had re-established the almost extinct circulation, and he was thought to be doing well. The stroke of the heart was very feeble; we heaved a sigh as we turned from him, believing that premature reaction had been brought about by external heat. We examined the other patient, and advised a little brandy and water to be given occasionally, and felt that he would yet recover. On the following day this patient was better, the other was dead. The result in these two cases, in our opinion, amounts to almost positive demonstration of the truth of our position.

When we were called to a patient who was either in a collapsed state, or rapidly running into it, we pursued the following course: In the first place, we directed that all the windows in the chamber should be opened; that the attendants should be few; that they should strictly follow directions and should do as little to discourage the patient as possible; that friction should only be applied when there were cramps. and even then that it should be moderate. It was directed that the body should be covered with flannel, or a light blanket or two, or only to an amount that was comfortable to himself, that the discharges from the stomach or bowels should be immediately removed; that the bowels should have turpentine applications constantly applied; and that mustard poultices should be used as in the second stage; drinks should be given in small quantities, and should consist, as before, of iced water or lemonade, unless the patient should desire some other drink; small pieces of ice were allowed to be held in the mouth.

No heating substances were applied externally, for a period ranging from six to ten hours after the collapse had been ushered in. It was then directed, that gentle heat, by means of hot water in bottles, or other warm substances should be applied for the purpose of gradually increasing the temperature of the system, or rather of the extremities. When the weather was cool, fire was kept in the chamber, at the same time that currents of fresh air were admitted from without.

When we had not seen the patient before the beginning of collapse, we gave as in the second stage, five grains of calomel and half a grain of opium every ten minutes, until four doses had been taken. We then gave three grains of calomel and the twentieth of a grain of opium, at the same periods, until the vomiting and purging had ceased, or until sixty more grains of calomel had been taken. Each dose was washed down with a teaspoonful of brandy, and a little iced water. If the vomiting and purging continued, we directed two grains of calomel and one-sixteenth of a grain of opium until thirty doses had been taken. If now the purging continued light colored evacuations, and no flow of urine half a grain of calomel was directed every twenty minutes until either death or re-action occurred.

In the mean time brandy and water were continued, as above stated. The object was to give an ounce of brandy every hour. When the patient had been in the habit of using spirits, the quantity was graduated to suit those habits. This course had often to be continued 24, 36 or 48 hours. The quantity of brandy was often lessened after the first twenty-four hours, sometimes sooner, and as soon as warmth was generally diffused, stimulants were withdrawn. Whiskey may be used instead of brandy, if good.

In the treatment of children at the breast, half a grain of calomel was directed every ten minutes until the death or reaction occurred, with each dose of calomel, the hundreth part of a grain of opium was combined. In a few cases more than this, of the latter, though we now doubt the propriety of doing so, ten drops of brandy in iced water were directed with each dose of medicine. In older children these doses were increased according to the age.

We come now to speak of the results of this plan of treatment. Only 29 cases were collapsed during 1849 in our hands. Many cases were arrested in their progress before the collapsed condition took place. Of the 29 cases of collapse, 19 went through it successfully—into the fourth stage or that of reaction. Of these 7 died and 12 completely recovered. We proceed now to describe a few of these cases. It is however, proper to say that of the cases of collapse which were treated in 1850 by us, a smaller number recovered than in the former year. There was more redness of the eye—and the collapse was more intense, the skin darker, and the breathing worse. We carried some, however, successfully through this stage in that year. It should be recollected that the summer of 1850 was considerably warmer than that of 1849; and to this cause we attributed the intensity of the collapsed cases.

We shall before concluding our relation of the course pursued in the treatment of this disease in 1849 and 1850, describe the treatment of a few cases to show that no case can be so desperate that it ought to be abandoned; and to show that patients can and must be lost after our best efforts have been used.

Case I.—Mr. Church, aged 50, was much exhausted from attendance on a sick and dying family; took diarrhœa, which he neglected for some days, when he was hurried in the stage of collapse, which became profound a few minutes after we first saw him. The face was unusually blue, tongue very cold, hands and feet much shrivelled and very cold, voice nearly gone, heart irregular in its action, and the breathing difficult. We took our usual course, but in a determined manner. The calomel was given in large doses, and the brandy directed more freely; but the patient sunk steadily, and died in about ten hours. The evacuations in the case were unusually large.

He vomited considerably: he suffered from cramps, and the skin acted more freely than was common. There were but feeble efforts at reaction, and medicine had no effect.

Miss A., Aged 26, was taken on the 15th of June 1849. She had had diarrhœa for three days; but much of this time had attended to her household duties. Some hours before we saw her she fell into the second stage; and when we first visited her, she was in a profound collapse. In this state she remained eighteen hours, having, during this time, neither pulse at the wrist or temples. The evacuations were as clear as thin starch, having a slightly floculent appearance. She passed no urine during a period of 72 hours; it did not flow for 18 hours after reaction, and we presume she had really passed none for many hours before we saw her. At several times she lost the power of vision. This was especially the case four hours before reaction set in, when she was blind for some time—probably more than 30 minutes.

In this case, the course before laid down was rigidly pursued, with this exception, that she took but one and a half grains of opium during the whole time. Two hundred grains of calomel were taken, and brandy was administered pretty freely, for we suspected that she had been in the habit of *taking a little* when well. This patient recovered without being in the least salivated. The pulse rose, the heat became diffused, the dejections ceased, and the restlessness gradually wore away as the skin assumed its healthy functions.

The following cases occurred at the Cincinnati Orphan-Asylum in 1849, of which institution we were then Physician. There were but four well-marked cases of collapse in that establishment during 1849.

We had given the most positive direction that if severe vomiting or purging should occur in our absence, half a grain of calomel and one-thirtieth of a grain of opium should be given every ten minutes until we could see the patient. We had powders of the size for that purpose, but our directions were not followed in the first two cases, and they both died; the first on the 5th of August, an hour after our first visit; the second only lived ten minutes after we saw it.

The next case that occurred was treated in the manner above directed, the powders being washed down by 20 drops of brandy and a little water. The patient was three or four years old, and took twenty powders. This was doing pretty largely in the way of opium. The collapse continued eight hours, when it yielded to reaction; and within a few days the fever on the establishment of a healthy action of the kidneys and skin disappeared.

Very soon after another case occurred. The same plan of treatment was pursued as in the last case; but we believe only twelve of the powders were given before reaction supervened; but when purging came on the evacuations instead of a dark color showed but little evidence of bile. At the end of a week this patient collapsed again. We directed the same powders until twenty of them should be taken. Reaction now took place. The evacuations became dark, and the patient completely recovered.

Mr. Erickson, a delicate man, aged 28, was taken July 17, 1849. An empiric was called at 10 o'clock in the morning, who gave him heating medicine, and adopted the following course: Half a tablespoonful of black pepper, and the same amount of common salt, with half a teaspoonful of vinegar, to be taken hot as possible, and repeated every ten minutes until four doses should be taken This brought on vomiting, which it could not indeed help doing. He, however, appeared better part of the day and night. The diarrhœa still persisted, and in the afternoon of the second day, he took ten more doses of the medicine at the same intervals. The consequence was a recurrence of the vomiting, which had the effect of relieving him of the poison nearly as soon as it was taken. At the close of this medication he had become quite cold. Heating applications were now made; but on the third day the patient had become collapsed. Various things were now given him. The tincture of prickly ash bark was administered in tablespoonful doses for some time; and frictions of cayenne pepper and brandy were used. Although the patient was now as cold as marble, ice was constantly kept to his head, and ontinued through the ensuing night. During all this time, infusion of logwood was given as an injection, we know not at what intervals. Other things were added, and a teaspoonful of laudanum at one time.

The leading Eclectic of the tribe was called, and justified what had been done; and said that the patient must die. One of the standing quacks said that he had given him enough to kill ten men. This was true if the stomach had retained what had been given him.

We were called to this patient on the morning of the 20th, or at the end of three days from the time the empirics began their medication. He had then been in a profound collapse for sixteen hours; the ice was yet on his head and the pepper and brandy were being applied to his person. He was very restless, tossing himself from side to side, which produced great prostration. The breathing was very laborious, and the heart much affected by the exertion. There was no vomiting, no purging, no pulse, and no discharges of urine. The breath and tongue were as cold to the touch as the surface of the body. There were occasional cramps, combined with the other symptoms. Under these circumstances we began the treatment. One thing had been done by a friend of ours during the preceding night, which was no doubt of much use in preserving life; that was, the administration every five minutes of a little brandy and water, which was fortunately not rejected. We continued the brandy and water in teaspoonful doses every ten minutes, that is, one teaspoonful of brandy with about two of water were given. One grain of calomel with the twentieth of a grain of opium were directed every thirty minutes. We could see but little advantage in giving at this advanced stage more of either of these remedies. The object in giving the opium was to obtain the stimulant effect, and it was expected that the calomel would excite the liver, kidneys, and skin to the healthy action, which is always necessary to recovery.

The frictions had been so constant and severe, with various irritating applications, that much of the skin was partially abraded. This condition of the dermoid surface forbade a further exertions in that way. The extremities were simply covered with soft flannel which was kept on with care. At 8 o'clock P. M., we could feel a little warmth about the neck, shoulders and temples, and a feeble pulsation of the temporal arteries could be felt. On the morning of the 21st, the arteries could be felt at the wrists. The arterial action was more perceptible on the 22nd, and on the 23rd, the reaction was general. On this day purging occurred both copious and dark; and in the evening urine was passed in small quantities. No purgative medicine was given, but one or two injections of salt and water were directed. Brandy was given in small quantities throughout the collapse and reaction, but only at long intervals toward the last. There was salivation in this case for the first time in our practice. After the recovery, the patient enjoyed much better health than he had done for a long time.

The next collapsed case which we treated was of a man fifty years of age. He was seventy-two hours without pulse, still he recovered. But space will not allow the farther relation of cases. We must, therefore, close this part of the subject.

The foregoing has been drawn from what the writer experienced during the invasion of the Cholera in 1832, and again from 1849 to 1854 or '55. He believes he can not give a better description of the disease than what he published in 1854. He has, therefore, drawn largely from what he then said. Many object to the use of mercurials in the treatment of Cholera, but the writer thinks that when properly combined with other remedial agents, it has done more in saving patients in this dreadful malady than all other medicines put together.

The empiric has always been in the habit of abusing powerful medicines because he knows that he can best succeed by such a course. It is asked by physicians sometimes, how can mercurials do good in a disease which requires such sudden medication? It can only be replied that if it does not at once benefit, it is ready to excite the action of the liver, kidneys and skin into a normal action. It can, however, scarcely be doubted that the combinations of calomel and opium have a better effect than either alone. The combinations also of blue pill with opium or other anodynes are often of great service in diseases of a choleraic nature, and to them the profound physician will ever look in the treatment of these diseases.

When the foregoing essay was read before the Academy of Medicine, it was observed by some of the members that I had not noticed that form of the Cholera where there was no vomiting or purging, and yet collapse and death had occurred in a number of cases of this kind during 1849, there being profound collapse without these symptoms. Dr. George Fries stated that he had seen several cases, all of which had proved fatal. Some other gentlemen said they had seen this form of the malady, and Dr. Unsicker at another meeting of the Academy gave the particulars of a case of this kind which had proved fatal in a few hours.

Now in writing what I have on Cholera and its treatment, it was not my intention to give a full description of the disease farther than I had seen it. That such a form exists there can be no doubt; and that it is of a most fatal character there can be as little. During the summer of 1849, I treated one case that I presume ought to be considered as one that should be placed in the above category, but I was called very early, and I think prevented it from running into collapse. In this case there were cramps of the limbs and of the abdominal muscles with profuse sweating, which was, however, not cold, for the surface felt warm. The pulse was strong and full. Under these circumstances, I bled him freely, which immediately gave relief. He got well, and is still living. There was no collapse.

I think it will be recollected by physicians who were in Cincinnati during 1849, that they saw many persons who did not take the Cholera, but had for some time a sunken and bluish appearance of the face and fingers. These persons were relieved of the poison by the bare action of the kidneys. I believe that I was relieved in 1832 in this way. I had been much exposed to the poison of the disease at Bridgeport for some twenty-four hours, and two days afterward had vertigo, and then the kidneys began to act with great freedom, which seemed to be the cause of relief.

ARTICLE II

Asiatic Cholera.

BY W. L. SCHENCK, M.D., FRANKLIN, OHIO.

Read before the Drake Medical Association, June 6, 1866.

As the monster who has thrice terrified the whole earth is again on the march, it becomes us as faithful sentinels to seek such knowledge of its movement and character as will lead us to victory.

The first questions which suggest themselves are, what is the cause of Cholera, and how is it disseminated? Various theories have been advanced and ingeniously argued by their advocates. As yet they are but theories. Whether astral or lunar, electrical or gaseous, all alike have failed of adequate proof. The most careful investigations have only discovered the accidental correspondence of any peculiarity in these phenomena with the existence of the epidemic. Some have considered its specific cause a miasm. If so, it differs widely from any known as the cause of other disease, for it is found alike in alluvial valleys and sandy deserts, in crowded cities and mid-ocean, in tropical summers and arctic winters. The most generally accepted theory is that of atmospheric fungi; or of invisible animalculæ, and though the existence of neither of these has been proved, either will account for many phenomena unaccounted for upon any other hypothesis. By these alone can we explain the seeming irregularity of its appearance at distant and disconnected places and under the most varied circumstances.

For example, in 1849, Mr. K. bought in an infected district in Cincinnati a lot of groceries, and shipped them to Franklin. A few days afterward the disease appeared in a house adjoining his grocery, in persons who had not been where the disease was prevalent. The same year a Mr. L. attended as nurse in one of the hospitals in Cincinnati. When the epidemic declined he went, with a portion of his effects, to the village of Springboro, isolated from all traveled routes. Whilst none of the visitors had the disease, it soon became epidemic in their immediate vicinity. In 1853 a boat, coming from the North, brought to Franklin a case of Cholera. The patient was taken to his home in a remote part of the town. No cases occurred in the neighborhood where he was carried, but the disease became epidemic in the vicinity of the boat. Numerous instances might be adduced, showing that the specific poison of Cholera may be transported in bales, and boxes, and garments, and that wherever implanted, is capable of rapid reproduction. Many suppose it spreads as a contagion. If so, why has it so often been confined to a single street or side of a street in a city, to the lower story of a building, or the deck of a boat? Why do those passing through infected districts, or visiting patients with the disease, so often escape?

Its essential and specific cause is doubtless an epidemic influence, the nature of which is unknown. It is susceptible of transportation, and all remaining in the neighborhood where it is carried are liable to become infected with the poison. Quarantine regulations have proved signal failures, and will continue failures wherever such views are put in practice as those lately enunciated by an assistant health officer at New York. "Our single endeavor must be to quarantine persons, *not ships* and *merchandise*."

Those who believe the specific cause of Cholera dependent upon an electrical condition of the atmosphere, like many others, endeavor to make their pathology conform to their presupposed cause. Thus Surgeon Boate, of Her Majesty's Sixth Dragoons, says, "Cholera is originated in the brain and spine by some magnetic condition of the earth and atmosphere withdrawing or suspending their influence over the various nerves of the body, but more especially over the pneumogastric nerves, which are essentially necessary to the functions of digestion and respiration."

Drs. Snow and Routh of England, believe Cholera entirely dependent upon the use of water or food containing choleraic dejections, and hence infer that it is peculiarly a disease of the alimentary canal. All such reasoning is but begging the question, and too narrow for the subject. There is no neces sity for attributing the terrible nervous prostration always observed in Cholera to external influences acting directly upon the brain, or the derangement of the stomach and bowels, to causes applied directly to the primæviæ. Partial views and empirical practice has been the rule in Cholera. It has been the terror of the people and the opprobrium medicorum. We have jumped at conclusions and repeated empirical prescriptions without seeking their rationale. Capsicum has been lauded as a specific by one and ice by another. Calomel, opium, carbon, sulphur, quinine, strychnine, and a host of other agents have all had their advocates, proving from the number of specifics none has been found, and none need be sought after.

Even those who have taken the trouble to adopt a pathological theory often fail to observe any correspondence between their pathology and treatment. Thus those who believe it a congestion prescribe astringents and opiates; and it is not unusual to hear gentlemen assent to some specious pathological view, as that of Dr. George Johnson, but protest against his treatment, adhering to their old ideas of opium, astringents, brandy, etc., making their practice more irrational than when they had no idea of pathology.

The specific poison of Cholera is probably admitted into the system by inhalation, absorption, or with the injesta, and may be guarded against by personal cleanliness, by avoiding injesta brought from infected localities, by making our visits to such places as short as possible, and by adopting such means as will destroy the poison. As the predisposing causes of the disease are those which exhaust the nervous system, as depressing emotions, intemperance, vicious habits, imperfect diet, foul air, whether from crowded rooms or damp and filthy streets, all these should be avoided. But whatever may be its cause, or however it may enter the system, to prevent its development, or effect its cure, requires clear and correct views of its pathology.

Asiatic Cholera is manifested by great prostration of the nervous system, at times sufficient to destroy life without any other symptom; by vomiting and purging a rice water like fluid; by partial or total absence of the secretions of bile and urine; by the fluid portions of the blood being thrown into the stomach and bowels, leaving the remainder viscous and incapable of circulation, of imparting its carbon or absorbing oxygen, and hence by a cold, clammy breath, by rapid and panting respiration, and by a cold, blue and shrunken surface; by severe cramps in all portions of the body, and if these grave symptoms are not speedily relieved, by death.

When a poison has once entered the circulation it is rapidly borne to every part of the body, and whether organ or system first feels its peculiar force, none can be seriously impaired and suffer alone. Man is a composite. The health of his blood depends as much upon the glands which relieve it of its noxious constituents as upon the digestive organs which supply it with chyle. While every organ and fibre is dependent for its nutrition upon the circulating fluid the blood can not be diseased and they remain healthy. Or whilst all physical operations are under the direction and control of the nervous system its derangement must be followed by disastrous sequences elsewhere.

Like other poisons the choleraic produces its primary effect upon a particular system or portion of a system and disease in other parts of the body are but the sequents of this primary action. So strongly marked is its shock upon the nervous system that many physicians not only believe it primarily a disease of that system, but some, as we have seen, have sought its cause in some external force capable of producing its direct impression upon the nerves.

In a report made to the Academy of Sciences in 1857 by Dr. Poznanski, he says, "During the prevalence of Cholera it frequently happens that the pulse is extremely low, and reduced to forty-five (45) or even forty-two (42) in persons apparently in perfect health; that this symptom is unaccompanied by any other denoting a morbid state; that when the pulse is low the blood is dark and viscous, whilst in persons whose pulse is in a normal state during the epidemic the blood is perfectly healthy; that this diminution which often occurs, works before the regular attack may be considered a pathognomonic symptom of the approach of Cholera; that the falling off of the pulse is frequently in proportion to the want of energy in the circulation." These observations are as important as interesting, and present the strongest evidence that the first tangible effect of the poison is upon the nervous system, as the diminution in the force and frequency of the heart's action must depend upon the loss of force in the organic and sympathetic nerves.

From this innervation of these nerves arises not only the feeble action of the heart, which necessarily results in the accumulation of blood in its right side and engorgement of the large veins, but also an arterial contraction which greatly facilitates this same result, and the blood is pressed back into the mesenteric veins through which its serum and a portion of its salts escape into the alimentary canal. From this paresis of the pneumogastric nerve, the lungs are unable to relieve the portion of blood passed through them of its carbon or supply it with oxygen, and the tary blood not only fails to supply the material for restoring the lost power, but is incapable of contributing its accustomed support, and then results irregular muscular contractions in all portions of the body. Some suppose these cramps wholly dependent upon the irritant poison in the blood coming directly in contact with the minute muscular nerves. But as they often occur in the extremities after the circulation in them has ceased, we think it more accordant with the facts to consider, as in the tetanus of strychnia, they are the result of the impression of the poison upon the great nervous centres, and but a link in the chain of sequences. The stomach and bowels become irritated and overloaded by the materials thrown into them, and vomiting and purging are the result. From the loss of power in the organic nerves, from the venous engorgement, and from the altered condition of the blood the liver and kidneys are not only rendered incapable of eliminating the morbid material disturbing the forces of the system, but they are unable to perform their ordinary functions, and bile and urea are added to the poison which has already well nigh destroyed vital action.

If, as has been asserted, the disease is simply or primarily one of the alimentary canal, how shall we account for its various symptoms? How indeed account for those that pertain to it alone? We may irritate or inflame it from the fauces to the anus and we will not obtain them. Who ever saw choleraic discharges in gastritis, enteritis, colitis, or in all combined? In sporadic cholera, which is essentially irritation of the intestinal canal, we have vomiting and purging, but no rice water; we have cramps in contiguous muscles, but none in the extremities. All the symptoms of Cholera may be accounted for without recourse to the hypothesis that "the disease is essentially one of the prima via," whilst it leaves them inexplicable.

It has been supposed that the discharge of the watery portions of the blood into the bowels is the "vis meducatrix naturæ." To this theory is opposed the fact that the body is supplied with organs through which Nature eliminates morbid materials, and this result, as a curative process, is opposed to all that is known of her laws. If it is a natural medication, it is an incidental one, acting as a hæmorrhage to relieve a congestion.

It is due to a partial paralysis of the organic nerves, resulting in a loss of power in the heart, from which ensues engorgement of the larger veins whose serum finds the most ready escape through the mesenteric into the alimentary canal.

Drs. Bell and Johnson attribute the various symptoms of Cholera to the contraction of the arteries, and especially the swollen branches of the pulmonary. We think this but a link in the chain and only auxiliary to the general pathology. If the symptoms of Cholera depend upon these contractions, how shall we explain the precedent shock to the nervous system, and those most terrible cases where death occurs without any secondary symptoms. All the conditions of the disease, as we have seen, could be accounted for if no such contractions existed. If the blood globules were healthy and the circulation normal, from the paresis of the gastro pulmonary nerve air taken into the lungs would fail to aerate the blood; there would be no combustion, no secretion of carbon and it would be exhaled cold and clammy and from the same cause digestion would be impaired and secretion suspended. But on no other principle than the primary effect of the poison upon the organic and sympathetic nerves can we account for the great nervous prostration always present in the earliest stages of Cholera, and for those most marked cases where death results without any other symptoms, which, as expressed by Magendie, "*commence with death.*"

Believing the poison of Cholera to act primarily upon the nervous system, causing a loss of power, especially in the organic and sympathetic nerves, the curative indication is plain. Eugene Sue says of his monster character in the "Wandering Jew," when apparently dying with Cholera, "With one foot in the grave, he was almost in the last agony, but once resolved to live and sustain a desperate struggle with the Rempant family, Rodin acted in consequence. *He will live because he has resolved to do it.*" This is not mere fiction. Dr. Sue appreciated the power of mental influence over the disease. Faith and Hope are most efficient nervous tonics and stimulants, and should be administered by every expression of the physician and attendants. Death will make good his claim upon the patients of him who utters his fears in all his looks and words. I remember during the epidemics of '49 and '53, an intelligent medical gentleman who insisted that *Cholera was death, and so it proved to his patients.* The most ignorant quacks often succeed in curing their patients when men of science fail. Blind and dumb, knowing nothing of physiology and pathology, they see no danger and fear none. They rush boldly on when wise men stand in awe. Theirs is the self conceit of ignorance, but their seeming confidence gives courage to their patients. Let ours be the assurance of wisdom. Those passions which arouse vital action are quite as potent in relieving as fear and anxiety in producing the depression of Cholera. They are peculiarly efficient in the generation of nervous force, and have this advantage over physical agents, an irritable stomach and feeble digestion do not interfere with their administration. We know the objection may be urged that the mind of the Cholera patient is always agitated; that whether from fear of the disease, or some unseen influence of the poison, the strong and the weak, the brave and the timid, all feel a thrill pass over them that makes them look

> "——to sun, and stream, and plain,
> As what they ne'er might see again."

Yet that portion of the nervous system through which the mind acts seems least affected, and its action is comparatively normal.

Among the various remedies mentioned as curing Cholera we notice the *sulphates of quinine and strychnia*. Neither is capable of effecting its cure, but as they impart tone to the ganglionic and cerebro-spinal systems and to the epithelial tissues, they may properly occupy a place in its treatment. They will tend to brace the system until Nature, aided by appropriate treatment, can eliminate the cause of the disease. *Opium* given to allay irritation and *calomel* to excite biliary secretion in the active stage of the disease are worse than useless. All the irritation present is necessary for the relief of the overloaded bowels, and all experience proves that chologogues do not and can not act. If they are retained until they can produce their legitimate effects, the former conduce to the development of cerebritis and by arresting secretion prevents elimination, and the latter promotes inflammation of the stomach and bowels, by causing the secretion of large quantities of acrid bile. *Astringents*, so popular with many practitioners, we think as a rule, are positively injurious. If they restrain the discharge of serum, loaded as it may be with the materies morbi, without relieving the cause of the discharge, they can not but be ministers of evil. With every class of agents arises the ever recurring question, how shall we neutralize or eliminate the disturbing poison? When in doubt we remember Supreme wisdom has so constructed man that his organism is largely self-regulating and watch Nature for the solution of our difficulty. In most diseases the liver, the lungs and the kidneys are the great emunctories through which poisons are carried from the system. In

Cholera, from the peculiar influence of the poison over them, directly and indirectly, or from its character, little effort at relief is made by these great glands. The only action anywhere is through the alimentary canal. The discharge of serum into it, as we have seen, is but a sequent of other symptoms, but may not the great loss of epithelium, as in the eruption of exanthematous fevers, be from an effort at elimination, and is it not probable the intestinal glands are engaged in the same labor? Whilst astringents are contra-indicated, *emetics* might be beneficial in arousing the nervous system, balancing the vascular action, relieving the engorged mucous membrane and discharging the noxious contents of the stomach and bowels.

Cathartics are recommended for the same general purposes, but we think Nature generally sufficiently fills every indication in that direction.

Bleeding has been recommended. We believe it only excusable on the ground that we do not know what the poison is, and are, therefore, ignorant of the best means of combatting it. The treatment is empirical, and we are not heroic enough to commend it.

To relieve the intolerable thirst of the patient, we would minister to his gratification, and give him ice, iced water, or sparkling Catawba or champagne iced. As to freezing him, inside or out, by using the large quantities of ice and freezing mixtures that have been recommended, we believe them false in theory and pernicious in practice.

External applications should all tend to secure warmth and action at the surface by those means compatible with cutaneous respiration, for in the asphyxiated condition of the patient we must encourage the æration of the blood through the skin. We would advise hot bottles, hot sand bags, dry heat in any form, sinapisms over the bowels and dry cups with frictions of turpentine and chloroform over the spine, and *always the utmost quiet in the recumbent position.*

Whilst we seek to relieve the various symptoms of Cholera we must not lose sight of the fact that they are dependent upon exhaustion of that portion of the nervous system in which complete paralysis is death; and that to avert this result, to relieve venous engorgement, to arrest rice-water discharges, to excite glandular action, to prevent muscular cramps, we must relieve from the influence of the poison the organic and sympathetic nerves. Whilst we strive to throw off the poison we must relieve that condition which is the fruitful source of all other changes and which whilst it exists too often contravenes all efforts at elimination, either by Nature or art. To secure the desired object we know of no better agents than the diffusible nervous stimulants, and we would rely principally upon *chloroform* and *ether*, given by the stomach, by inhalation, or by both. In addition to acting as nervous stimulants, we believe they exercise an influence over the nerves which impairs or destroys their susceptibility to the choleraic poison, and also upon that poison, be it fungoid or animalculous, diminishing its power of impressing the nerves. Thus they relieve the condition upon which the whole chain of choleraic symptoms depends and allow both nature and art to operate successfully in removing from the system the specific cause of the disease, and at the same time minister to the comfort of the patient by relieving the muscular cramps, which at times are truly agonizing. We would commence the treatment of the disease with the ether, combined with some aromatic, or the compound tincture of candamon or extract of ginger, and throughout its course would rely more upon those agents than all other agents.

In 1853 we had nine (9) cases of Cholera that passed into collapse, of which one (1) died. We believed then as now that the poison of Cholera exerted its influence primarily and principally upon the organic and sympathetic nerves, and though, as was the fashion at the time, we gave small and oft repeated doses of calomel and opium, and in the fatal cases flew off to sulphuric acid, our chief dependence was upon nervous stimulants, especially sulphuric ether and chloroform, and we attribute our success, which, compared with other treatment adopted in the same epidemic, was very gratifying, to the use of that class of agents.

During the active stage of Cholera, the patient should receive no food, for if taken it can not be digested or absorbed. So soon as the stomach and bowels become quiet, the blandest nutriment, as arrowroot, followed by animal broth, may be given in small quantities gradually increased.

With good nursing and a properly regulated diet, we feel confident that those who accept our views of treatment, whether they receive or reject our pathology, will be better satisfied with their success than with the practice generally adopted during former epidemics of Asiatic Cholera.

ARTICLE III.

Anomalous Position of the Kidneys.

BY D. A. MORSE, M.D., ALLIANCE, OHIO.

The correct location and relation of the kidney being found in any work upon Anatomy, I will not refer it. Its being retained *in situ* by tissues possessed of but little strength is however worthy of notice. It is held only by cellular or adipose tissue. In lean persons this gives it but little support, and in consequence it not unfrequently is found displaced, or found in a situation entirely foreign to its original location. According to pathological writers, the absence of the kidney is very rare, though it is not uncommon to find but one. There are cases however reported in which the kidneys, uretus and bladder were absent.

M. Moulon reports the case of a girl, who died at the age of fourteen years. This girl had suffered from birth great inconvenience from constant dribbling from the umbilicus of a fluid having the odor of urine, and which compelled her in consequence to frequently change the cloths placed over this part.

Dr. Bouillaud reports a case in which there was but one kidney, this being situated across the spine, and was furnished with two ureters. He also reports the cases of four adults, who each had lobulated kidneys. He reports one case in which the left was naturally formed, but the right was lobulated. Two ureters proceeded from it, but united into one at about two inches from their origin.

Prof. Heusinger reports the following: The right kidney was in its proper place, as also was the capsule of the left. The kidney, however, was found in the pelvis.

Cruveilhier reports the union of two kidneys into one, and which was placed behind the rectum within the pelvis. The patient gradually wasted. It was found after death that the kidney contained an abscess which had opened into the rectum.

Dr. Aube reports the anomalous situation of the left kidney in a girl aged twelve years. The right and the left supra-renal capsule were in place, but the left was found in the angle formed by the division of the abdominal aorta.

Pacoud cites an instance in which the left was found in the pelvis at the side of the rectum. It received one vein and three arteries. With his account is published another of a man aged fifty-five, in whom the displaced kidney was found in the bifurcation of the aorta.

The diagnosis in such cases must be derived from negative reasoning, and the absence of the kidney in its proper place.

M. Brochin relates a case treated by Nelaton, "who recognized in a moveable, floating tumor (which could be seized, brought forwards and pushed backwards, or up under the ribs), the displaced kidney."

A case similar to this reported by M. Brochin is at present under treatment by K. G. Thomas for other troubles. The kidney passes forward to the front of the abdomen, up and down, backwards into its normal position and admits of movements truly surprising. It can be grasped, turned over, and when the stomach is empty placed in a great variety of positions.

These cases of "floating kidney" cause the patient no in convenience, unless discovered by them. The mental is then greater than the physical disturbance. There may be in some cases a dragging down sensation accompanied by some pain The function of the kidneys is not disturbed. Nothing can. be done by way of treatment. It is impossible to retain it in place in consequence of the surrounding tissues yielding and accommodating themselves to its movements. It will be difficult in these cases to diagnose from tumors of various nature if the stomach is distended. The causes ascribed are usually tight lacing, but in the present case resulted from a fall, the patient striking upon the railing of the stairs.

There is one case of the above to which I would call especial attention—that reported by M. Moulon. If he has not overlooked the kidney it certainly excites considerable interest concerning the process of secretion of urine. The kidney is supplied with blood in man from the arterial system, but in birds and reptiles with venous blood and is connected with the portal venous system. Albumen injected into the arterial system of the animal soon finds its way out by the kidneys, but injected into the portal venous system does not appear in the urine. The office of the kidney is to eliminate substances from the blood, the principal of which is urea. This is formed in the blood and excreted by the kidney. It has been shown by Provost and Dumas that extirpation of the kidneys is not followed by a cessation of the formation of urea, which may be detected in the blood.

Prof. Mayer, Bernard and others demonstrate the same. It has been claimed that in cases of suppression of the secretion of urine the urea is thrown off by the intestines. The result of suppression being so familiar, I will not speak further of it than to say in the cases reported when suppression apparently existed for months there must have been vicarious secretion, or the reporter deceived by the patient.

I wish to append to this a case of peculiar distribution of the femoral artery. While in the United States service, I was at one time dissecting in the rooms of Drs. Disney and Doun, of Columbus, Ohio, at which time they had organized a class for instruction. A leg fell to me for dissection. The following is a report of the artery, as found at that time. The artery divided beneath Poupart's ligament into two branches. The outer was the larger and gave off the profunda. The branches were united again so as to form but one femoral in passing to become the popliteal.

It was seen by the Surgeon-General and others who expressed at the time considerable interest. I cut out the artery and forwarded it home, intending to present it to a pathological room, but before my return home it was mislaid. In this case the right artery was distributed naturally, the left being the one reported. It was well injected with plaster of Paris and made a very beautiful specimen, the loss of which I regret much. There are a few cases reported in which the artery divided below the profunda, but I am cognizant of none above. In this case it was a mere freak of Nature.

ARTICLE IV.

Peculiar Case of Twin Birth.

BY WM. H. COPELAND, M.D., KENT, IND.

Mrs. F., aged 35, bilious-lymphatic temperament, dark hair and weak muscular fibre. Was taken with labor pains on the 18th of January, 1866, at 5 o'clock P. M., when I was summoned, and arrived at 1 o'clock the following morning. After making some inquiry, I found that labor had proceeded very rapidly, and the membranes were ruptured at 10 o'clock P. M. Pains very strong until 12 o'clock, when they began to subside until 1 o'clock, when I arrived and proceeded to make an examination and found a medium sized female child, feet presenting, and body two-thirds born. I proceeded to deliver the upper extremities during each pain, which was very weak, but found on further examination, a second fœtus, head presenting, which had slipped into the pelvis before the first one's head. I now tried in vain to push it back; the head now occupying the oblique diameter while the neck of the first one occupied the left ilio pubic region. But knowing the cord of the first one had ceased to beat, I determined to try the effect of ergot and deliver the second one first if possible. I soon saw the good effects of secale, as the pains began to increase as she lay on her left side, and I directed the patient to use all efforts to assist Nature in bearing down, so that at 3 o'clock, or two hours after I arrived, the head of the second fœtus glided over the perineum, then after a short rest, both children were born, seemingly at the same time during one pain. Both children were females, medium size, first one still born; second one lively and seemed to do well. Placentas detached and were soon expelled by making slight traction during the slight pains that followed. The placentas were connected together by a strong vascular membrane Patient at this time was very much exhausted and rallied slowly. She was placed in a horizontal position and allowed light broths and rice gruel. She vomited frequently through the day, but was soon relieved with small doses of calomel and effervescent draughts. Nothing more of interest during convalescence. I must refer to ergot as being the great emmenagogue and acts with efficiency in nine cases out of ten.

ARTICLE V.

A Case of Well-Developed Scrofula in Utero.

BY ROSS C. REISS, M.D., DANVILLE, OHIO.

Mrs. L. consulted me one year ago. Her general appearance was of the strumous diathesis, being anæmic, with enlarged lymphatic glands of the neck, containing the cheesy matter or pus well known to belong to scrofulosis. She was put upon the usual treatment, such as laxatives, carb. of ferri, tinct. ferri muriat, iodine internally and externally in the form of unguent. iodini, with some temporary improvement.

Conception took place, and in about nine months she was delivered after tedious labor of a still-born female child, it having all the characteristic symptoms of well developed scrofula, thick, cheesy pus pouring forth from its anterior nares with enlarged glands of the neck, also enlarged mesenteric glands, etc., etc. "Scrofula is hereditary, and is frequently excited by insufficient or improper regimen, and by a close confined air during the first years of existence."—Dunglison.

The readiest explanation of the phenomenon successfully presented by the blood in scrofulosis is that which supposes it to have a low and imperfect vitality, as in the case of the blood that nourished this fœtus by imbibition, and then as a result of the law of its constitution is many changes ending in complete development and disintegration of scrofula in utero.

Correspondence.

Letter from Crittenden, Kentucky.

Crittenden, Grant Co., Ky., June 6th, 1866.

To the Editors Lancet and Observer:

Gentlemen:—Having made notes of a number of cases during the late war, surgical and medical, I now forward you some of them for publication in your journal, if you deem them of sufficient interest.

Case I.—*Excision of the Shoulder Joint.*—The subject was a sergeant of the Seventy-Ninth Indiana Regiment of Volunteers, place, Battle of Mission Ridge. A Minnie ball struck the humerus close to the surgical neck of said bone, fracturing it into the joint, and for some extent the shaft of the bone. I had decided to operate at the shoulder joint, but after making my incision into the deltoid muscle, and laying bare the head of the bone, I changed my views and removed the head of the bone and four inches of the shaft, brought the soft parts in apposition, and dressed lightly. The case done well, and the patient convalesced steadily and returned to health, having a pretty good arm about two and a half or three inches shorter than his other arm and astonishingly good use of it. He still lives.

Case II.—*Excision of the Elbow Joint.*—I performed a number of operations of this character, and have the pleasure to state that within the past six months I have seen several of the men and they are well, with stiff joints, but pretty fair arms. I might cite some cases from the Sixth and Twenty-Third Regiments of Kentucky Volunteers, in which I removed the entire joint with about one and a half inches of the humerus and the cartilaginous processes of the radius and ulna. A number of the cases done well. Several failed, and I believe from the fact that the cartilaginous processes of the radius and ulna were not removed, but in the cases in which said processes were removed, the patients, as a general thing, done well.

Case III. — At the battle of Kenesaw Mountain, Georgia, I removed the entire clavicle right side, and the scapula, together with the head of the humerus; not expecting a good result, but strange to state, the man got well. This was in the latter part of June, 1864, and some three months after, I found him in Louisville, Ky., in hospital, as a nurse. He belonged to a Kansas regiment, Third Division, Fourth Army Corps, and with far less deformity of person than I expected to see.

Case IV.—This was a case of ligature of the subclavian artery. The man had received a gunshot wound about the middle of the clavicle, the ball passing immediately under the clavicle and coming out through the scapula. I saw him immediately after the injury was received. Hæmorrhage was rapid. I from previous experience suspected the nature of the difficulty. Passing my finger into the wound, I arrested the hæmorrhage completely. Having failed on a previous occasion by compress and bandage, I concluded to make an incision immediately under the clavicle and parallel with it, and if possible secure the artery. I armed a small silver probe with a ligature, and after exposing the artery which was controlled in the cervical region by Surgeon Walton, Twenty-First Regiment Kentucky Volunteers, by pressure with the fingers of his right hand, I succeeded in passing the ligature around the artery and tying it. A second ligature was passed in a similar manner around the other end of the bleeding vessel, and when tied, the hæmorrhage was perfectly controlled and also the man recovered in as short a time as men usually do from such wounds, and without any bad results. I ought to state that the artery was only partially destroyed by the shot. (It was the left subclavian.)

Thos. R. W. Jeffray.

Letter from Dr. Temple.

Mr. Editor: — Permit me to offer through your journal, some suggestions in regard to the treatment of Asiatic Cholera.

The scourge, it seems, is upon us, in spite of quarantine regulations; and any ideas or suggestions which will arise, to successfully combat the disease, should not be withheld from the profession or the public.

Recognizing the fact that the Cholera is the result of certain unknown epidemic influences, acting upon and through the medium of the nervous system, producing all the phenomena which are observed in a fully developed attack of the disease, it would seem that remedies addressed to that system would bear a very important part in its successful management.

It is recognized by the profession quite universally, how absolutely the disease is controlled in the earlier premonitory stages; characterized by a mild and painless diarrhœa, which often lulls the subject into a false security, which, sooner or later, results in his or her destruction.

This other fact will be also readily recognized by all medical men; that prominent as one of the reasons why the disease is so manageable in this early stage, is the general quiet of the most important organ or channel, through which our remedies will act. In this general quiet of the stomach, remedies taken into it remain long enough to make a decided impression upon the whole system; and thus allow, if not absolutely assisting, nature in throwing off the poison. In the fully developed case of Cholera, the stomach is in a state of great excitement or irritability, which will tolerate nothing within it; all injesta being expelled as soon as swallowed, thus thwarting all our efforts at the mastery.

Medical opinion, I think, is quite well agreed as to the class of remedies most useful and most to be relied upon. Stimulants and sedatives being the all important ones. From these we have to make our selections. The salts of morphia in their several varieties, are in my opinion, by far the most important. Other remedies, such as strychnia, hemp and quinine, may be useful as assistants, or even as principals; but morphia I regard as standing paramount in the list. As to the mode of application, in this consists what I claim to be new. At least, I am not aware of the thought having before been suggested. Hypodermic injections of various substances have of late years been resorted to with benefit in various diseases.

I have the honor in this connection to offer as a suggestion to medical men, the propriety of using hypodermic injections, over epigastric region, of the salts of morphia in such quantity as will most readily, and with safety act during the time of violent vomitings and cramps in Asiatic Cholera.

This mode of using the remedies I think should be attended with favorable results, as it is not immediately expelled the system after its introduction; but remains long enough to make its impression upon, and give its support to the nervous system, through the dreaded contest which is to result in the life or death of the patient.

Dr. Flint, in his Practice, advises injections, per rectum, of the salts of morphia, in preference to their administration by the mouth. Dr. Flint's mode of administration is objectionable, upon the grounds that the frequent gushings from the bowels clears them of all light substances, remedies as well.

It may be said that this is theory; and indeed I can not claim for it anything at present of higher character; but I commend it to the consideration of all medical men, with the assurance that they will take that which is the suggestion above as the basis of future observations in this highly interesting field of medical inquiry.

I will not attempt further to elaborate my idea; the thought is all that is needed. The intelligent physician will readily grasp the sense, and his own judgment will as promptly manage the details in reducing it to practice.

I hope those gentlemen who may meet with the disease, will promptly resort to this plan of treatment, and report results. Thus our profession may be honored and mankind benefitted.

NOTE.—Since the above was written, my attention has been called to the report of two cases successfully treated by hypodermic injections of morphia by Dr. Isaac Ashe, of Birkenhead, England. Cases reported in *Medical Times* and *Gazette*. Both cases in state of collapse. Relief of all the symptoms followed in fifteen minutes after injection of fifteen minims liquor morphia acetatis. J. J. TEMPLE.

NEWPORT, KY.

Reviews and Notices.

Instructions in the Preparation, Administration and Properties of Nitrous Oxide, Protoxide of Nitrogen, or Laughing Gas. By Geo. T. Barker, D.D.S., Professor, etc., etc., etc. Philadelphia: Rubencame & Stockton. 1866.

Nitrous oxide now bids fair to assume considerable importance as an anæsthetic. It becomes important, therefore, that physicians who are expected to supervise its use, if not to administer it, should be familiar with all its peculiarities. Its mode of preparation; the most convenient and efficacious modes of administration; and especially the proper circumstances justifying its use. The present little volume has been prepared by Dr. Barker to meet these wants; and the intelligence and experience of the author warrant the expectation that he has performed his task satisfactorily.

The volume is handsomely printed, and is illustrated very fully with drawings of the various apparatus necessary for the manufacture of nitrous oxide; as also the inhaler which the author prefers.

Medical Electricity; embracing Electro-Physiology and Electricity as a Therapeutic, with special reference to Practical Medicine; showing the most approved apparatus, methods and rules for the treatment of *Nervous Diseases.* By Alfred C. Garratt, M.D., Fellow of the Massachusetts Medical Society, etc., etc. Third Edition, revised and illustrated. Philadelphia: J. B. Lippincott & Co. 1866.

There can be but little doubt that as a profession we have overlooked many of the valuable applications of electricity as a therapeutic agent. But the fact that this large volume by Dr. Garratt has passed to a third edition is some evidence that the author has succeeded in turning the attention of his brethren to its earnest consideration.

Several years ago, upon the appearance of the first edition of this work, we gave it a somewhat careful review, presenting to our readers its claims to the attention of reading and practical men. A somewhat attentive perusal of this edition gives evidence of so thorough a revision and rewriting of the entire text, as almost to constitute for us a new book.

Dr. Garratt in the plan of his work treats of the well understood nature and manifestations of Electricity as only introductory to their applications; and as means of showing the uses of Electricity in disease, he has chapters on Hyperæsthesia, Anæsthesia, Spastic Diseases, Midwifery, Nervous Affections, Electricity in Surgery. These chapters being abundant in cases illustrating the opinions of the author, and his modes of applying this agent. Illustrating the book there are one hundred and thirty-eight very good wood cut engravings; and the paper and letter press are very creditable to the well known enterprise of the publishers.

For sale by Robert Clarke & Co. Price $5.00.

Why Not? A Book for every Woman. The Prize Essay to which the American Medical Association awarded the gold medal for 1865. By H. R. STORER, M.D., of Boston. Boston: Lee & Shephard. 1866.

At the meeting of the Association at Boston, June, 1865, the Committee on Publication was authorized to adopt such measures as would insure a speedy and general circulation of this prize essay; and the result is the tasty little volume issued by Lee & Shephard for popular distribution. In some notice which we had occasion to make of the volume of Transactions of the Association, we remarked in terms of hearty commendation our appreciation of this timely essay. There seems a general purpose in the profession to stimulate a more earnest attention to the enormity of the growing crime of "forced abortions." An excellent report was made to the Ohio State Medical Society embracing a proper review of this subject, by Dr. Reamy, which will soon be published; and we hope the present mature and complete essay by Prof. Storer will meet with a wide and useful circulation.

For sale by Robert Clarke & Co. Price $1.00.

Transactions of the Indiana State Medical Society for 1866.

The sixteenth annual session of the Indiana State Medical Society convened at Indianapolis, May 15th, and continued during the 16th and 17th. The meeting appears to have been unusually interesting, and a number of valuable papers were contributed. The officers elect for the ensuing year are Dr. V. Kersey, President; Dr. J. H. Woodburn, Vice-President; Dr. L. D. Waterman, Secretary. Besides the able Address of the retiring President, Dr. Harding, of Lawrenceburg, we have the following papers: Cholagogues, by Dr. Kersey, which was called out by a paper "on the liver," by Dr. Hibberd with its discussion, during the session of the previous year. It is a very careful *resume* of the old established views of the profession on the subject of bile, its elaboration, and the effect of mercurials upon this secretion; and he has fortified his positions with very extensive authority. We observe amongst the Special Committee for 1867, that Dr. Hibberd takes the same subject; so these worthy opponents enter upon their contest with the patience of two veteran chess players. Next we find three papers discussing Cholera—severally, by Drs. L. R. Johnson, W. F. Harvey, and R. E. Houghton. Dr. Thompson, of Moscow, contributes a brief paper on Inguinal Hernia, a case, and a case of Epilepsy cured by trephining. Dr. Comingore gives a paper on excision of bone. Vaginal Fistulas is the title of a very excellent and interesting essay by Prof. Parvin in which he discusses briefly the causes of these injuries, and some of the more important points of their treatment. Prof. Parvin is bestowing considerable attention upon this department of Surgery, and has consequently presented a very readable paper.

We have next a paper on Human Entozoa, by Dr. Fletcher; and a short essay on the Progress of Medical Science, by Dr. Cole, of Kokomo. The volume is unusually creditable to the Indiana State Medical Society, and is handsomely printed.

Braithwaite's Retrospect for July; Part LIII.

Promptly on our table is the Fifty-Third semi-annual part of Braithwaite, so thoroughly known to the medical profession. The present part contains the usual abundant variety, selected and condensed from the medical literature of the world. The proposed new feature of an appendix, giving a digest of American *journals*, has been postponed until the commencement of the next year. This digest will be under the editorial supervision of Dr. Gardner, and will be afforded to subscribers without extra charge.

Braithwaite's Retrospect is for sale by all booksellers for $2.50 a year.

Clinical Lectures, by Prof. A. VON GRAEFE on *Amblyopia and Amaurosis* and the Extraction of Cataract, translated from the German by HASKET DERBY, M.D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, etc., etc. Boston: David Clapp & Son. 1866.

The little monograph before us is a valuable translation prepared originally for the *Boston Medical and Surgical Journal* and reprinted in this collected form. The topics treated of are amongst those obscure departments of ophthalmic science, to which Graefe has so largely contributed, and this translation by Dr. Derby will be therefore highly acceptable to those especially devoted to this branch of our profession.

Transactions of the Vermont Medical Society for the year 1865.

The State Medical Society of Vermont holds two sessions, a regular annual meeting in October and a semi-annual session in June. The present "Transactions" embraces the two sessions, together with the papers contributed, which are as follows: The annual address by the President, Dr. O. F. Fassett, consisting of *review of the mutual demands of the people and the medical profession upon each other.* Statistics of Diphtheria in Vermont, by Dr. H. F Stevens; Physiological Properties, etc., of Veratrum Viride, by Dr. L. C. Butler; Report of a Case of Dropsy, by Dr. L. Richmond; Criminal Abortion, by Dr. W. McCollum; Cerebro-Spinal Meningitis, by Dr. B. F. Ketchum; Obituary Memoir of Dr. N. W. Fairchild, by Dr. H. F. Stevens; Morbus Coxarius, by Dr. B. Fairchild. Dr. William McCollum, of Woodstock, was elected President for the ensuing year of 1866; Dr. L. Richmond, of Derby Line, Vice-President; and Dr. L. C. Butler, of Essex, Secretary.

Editor's Table.

The Cholera in Cincinnati.—Our city continued so absolutely free from sickness of every form, until so advanced a period of the summer that many of us hoped we should escape a visit of the great scourge. In the mean time, a Board of Health was organized and although many a tenement still reeked with the foul atmosphere of a charnel house, and many cellars and privies, and drains were in bad condition ; nevertheless the Board with its energetic and intelligent medical head, proceeded with a hearty will to the abatement of nuisances, and we can all unite in testifying that Cincinnati was never so clean as at the invasion of the epidemic about the last of July. At the time of this writing we think we can say that it is about as clean as is possible to make a large city.

During the last few days of July cases of Asiatic Cholera began to multiply rapidly, the mortality steadily increasing, until the public were suddenly startled by the first authoritative announcement on Sunday, August 5th. Thenceforth we have had daily bulletins of the mortality which steadily and rapidly continued to increase up to a death rate of nearly 90, the largest number; then it was stationary for a few days, and then steadily decreased with about the same ratio and rapidity as marked its advance, until at the present time it has nearly disappeared as an epidemic.

Thus far there has been but little time for physicians to compare notes of experience. We think, however, that the large majority of our physicians relied upon a plan of treatment not materially different from that detailed in the paper of Dr. Carroll, in the present number of this journal. Small doses of calomel frequently repeated, in various combinations of capsicum, piperine, bismuth, and tannin. One physician of considerable experience during this epidemic remarked to us that he thought every patient under his observation to whom opium was prescribed resulted fatally. Still opium has been given to a considerable extent, especially in the early stages of the attack, and to assist in controlling the irritability of the stomach. In due time we expect to be able to give more definitely the results of the experience of our physicians. There has been no alarm amongst the medical men of this city, but without exception so far as we know, all have steadily remained faithful in their professional labors throughout, and thus far none have fallen, and few have been seriously ill. The probability that Cholera will not absolutely take its leave of us for the present, and that neighboring villages and cities may expect more or less of its presence, renders a large space devoted to its consideration in this number at least acceptable.

Removal of a Large Bronchocele.—"Prof. Wm. Warren Greene, of Pittsfield, Mass., removed on July 18, from the neck of a lady aged 44 years, a bronchocele, which is believed to be the largest ever successfully operated upon."—*New York Medical Record.*

Resolutions of the New York Academy of Medicine on Cholera.—We have been furnished by Dr. James Anderson, President of the New York Academy, the following resolutions which were unanimously adopted. We give space to this expression of views with pleasure, and for the most part fully endorse them.

Whereas, The New York Academy of Medicine has endeavored to promote among its own members, and throughout the medical profession, a spirit of exact and practical inquiry into the preventive and remedial treatment of epidemic cholera; therefore, be it

Resolved, That this Academy hereby expresses its confidence in the utility of general and specific hygienic measures as the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing, and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time.

Resolved, That in the judgment of the Academy the medical profession throughout this country should, for all practical purposes, act and advise in accordance with the hypothesis (or the fact) that the cholera diarrhœa and "rice-water discharges" of cholera patients, are capable, in connection with well-known localizing conditions, of propagating the cholera poison; and that rigidly enforced precautions should be taken in every case of cholera to permanently disinfect or destroy those ejected fluids by means of active chemical agents; also that with the same object in view, the strictest cleanliness of person and premises should be enforced upon all who have charge of the sick; also, that all privies, water-closets, and cesspools should be kept thoroughly under the control of disinfectants.

Resolved, That we regard the nature and causes of cholera infection, so far as the sick or their discharges can propagate it, as being so susceptible of control that there should be no fear or hesitancy in the personal care of the sick and all that pertains to them.

Resolved, That immediate and thorough cleansing and disinfection of all persons, clothing, and things that have been exposed to the discharges or persons of the sick with cholera constitutes the chief end and object of any rational quarantine or external sanitary police regulation against cholera.

Resolved, That, for the purposes here mentioned, an external sanitary police is desirable in all great maritime and river towns, but that such sanitary regulations need not seriously embarrass commercial intercourse and the interests of trade

Resolved, That the main source of protection against epidemic cholera at the present time is to be found in the vigilant and effective operation of sanitary measures, municipal, domestic, and personal.

Resolved, That the New York Academy of Medicine cordially invites the physicians of every city and village throughout our country to urge the immediate adoption of adequate measures of sanitary protection against the introduction and ravages of cholera, and that to this end we pledge our brethren and the public the hearty and continued co-operation of this Academy.

Death of Dr. Brower, of Indiana.—We are called upon to record the death of another veteran of the profession, residing within the limits of our sister State of Indiana, and foremost amongst her prominent medical men, but nevertheless closely identified with Ohio, and one of the earliest to promote our medical educational interests. Dr. Jeremiah H. Brower died at Lawrenceburg, Indiana, Aug. 1st, 1866, in the 69th year of his age. We trust some friend will afford us a more fitting notice of Dr. Brown for publication.

Report of the Cholera Congress at Constantinople.--The results of this Conference have been published in the *Boston Medical and Surgical Journal*, and we have read them with interest. They occupy considerable space, but we shall try and afford them room in full at an early day.

Personal—Death of Miss Almy.—We read with sorrow the death of Miss Maria Almy, which took place at St. Paul, Minn., Aug. 22 Dr. Almy left this city some months since with his invalid daughter, hoping that travel and change of scenery might restore her failing health. All seems to have been unavailing. The weary one has found her rest. Our sympathies are sincere and tender for our brother.

The U. S. Army Medical Department as provided for in the New Army Bill.—A recent Act of Congress, reconstructing and increasing the regular army, which has now the force of a law, remodels the medical department as follows: The medical department of the army shall hereafter consist of one surgeon-general, to rank as a brigadier-general; one assistant surgeon-general, to rank as a colonel of cavalry, and to be chief medical purveyor; and four assistants, to rank as lieutenant-colonels—to give bonds and be assigned to duty as surgeons, when not on duty as purveyors.

There shall be sixty surgeons with emoluments of majors of cavalry; one hundred and fifty assistant-surgeons, with rank as first lieutenants of cavalry for the first three years' service, and with rank, pay, and emoluments of captains of cavalry after three years' service; and five medical storekeepers, with the same compensation as is now provided by law; and all the vacancies hereby created in the grade of assistant-surgeon shall be filled by selection from among the persons who have served as staff and regimental surgeons of volunteers two years during the war; and persons who have served as assistant surgeons three years in the volunteer service, shall be eligible for promotion to the grade of captain.

Army hospital stewards are to be detailed or enlisted under the direction of the surgeon-general.—*The Medical Record.*

The Empress Eugenie at Amiens.—At Amiens, Eugenie approached the bed of each patient, and spoke a few kindly words, and after a long stay returned to the prefecture. As her Majesty was leaving the hospital two poor children were presented to her as having been rendered orphans by the cholera, and the Empress immediately announced her determination to adopt them. After a rapid *dejeuner* the Empress visited all the other establishments for the reception of the cholera patients in the city, and then left for Paris.

The *Constitutionnel*, in remarking on the visit of the Empress, says: "When courage and devotedness are in question, nothing astonishes us on the part of the Empress. That august lady has accustomed France to consider heroism and charity in her as a simple matter of course."—*Ibid.*

Memorandum—For the information of persons desirous of entering the Medical Corps of the Army.

[EXTRACTS FROM THE LAWS OF THE UNITED STATES.]

ACT OF CONGRESS *Approved* July, 1866.

SEC. 17. *And be it further enacted*, That the Medical Department of the Army shall hereafter consist of one Surgeon-General * * * One Assistant Surgeon-General * * * * One Chief Medical Purveyor and four Assistant Medical Purveyors * * * * Sixty Surgeons, with the rank, pay and emoluments of Majors of Cavalry. One hundred and fifty Assistant Surgeons, with the rank, pay and emoluments of Captains of Cavalry, for the first three years service, and with the rank, pay and emoluments of Captain of Cavalry after three years' service,* * * and all the original vacancies in the grade of Assistant Surgeons shall be filled by selection by examination.

The number of vacancies now existing in the Medical Corps of the U. S. Army is sixty, forty-six of which are original vacancies created by the Act of Congress approved July 28, 1866, as quoted above.

All candidates for appointment in the Medical Corps, must apply to the Surgeon-General, U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the handwriting of the candidate, stating age and birthplace, and be accompanied by testimonials from Professors of the College in which he graduated, or from other Physicians of good repute. If the candidate has been in the Medical service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and Testimonials as to qualifications and character from the officers with whom he has served should also be forwarded.

Candidates must be graduates of some regular Medical College, proof of which must be submitted to the Board before examination.

The morals, habits, and physical and mental qualifications of each candidate will be subjects for careful examination by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

The following will be the general plan of examination :

1. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

2. Physical examination. This will be rigid, and each candidate will be required to certify "that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate."

3. Examination as to general aptitude and education.

4. Written examination on Anatomy, Physiology, Hygiene, Surgery and Practice of Medicine.

5. Oral examination on each of the above mentioned subjects, and also on Obstetrics, General Pathology, Chemistry, Toxicology, Medical Jurisprudence and Materia Medica.

6. Clinical examination, medical and surgical, at a hospital.

7. Performance of surgical operations on the cadaver.

The Board will deviate from this general plan whenever necessary, in such manner as they deem best to secure the interests of the service.

The Board will report the merits of the candidates in the several branches of the examination, and their relative merit in the whole, according to which, if vacancies exist within two years thereafter, they will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination, may be allowed a second after one year, but not a third.

No allowance will be made for the expenses of persons undergoing examination, as this is an indispensable prerequisite to appointment, but those who are approved and receive appointments, will be entitled to transportation on their obeying their first order.

The pay and emoluments of Surgeons and Assistant-Surgeons are shown by the following table :

	Pay per month.	No. of rations per day.	Amount of rations per month.	SERVANTS.					Aggregate amount receivable.	Forage furnished for horses when act'ally kept	
				No. for which pay is allowed.	Am't allowed for pay per month	Am't allowed for clothing per m'th	Am't allowed for rations per month.	Total amount allowed per month		In time of war	In time of peace
Assistant Surgeon, under three years' service	$53 33	4	$36	1	$16	$6 50	$9	$31 50	$120 83	2	2
Assistant Surgeon, over three years' service	70 00	4	36	1	16	6 50	9	31 50	137 50	3	2
Assistant Surgeon, over ten years' service	70 00	8	72	1	16	6 50	9	31 50	175 50	3	2
Surgeon, under ten years' service	80 00	4	36	2	32	13 00	18	63 00	179 00	4	2
Surgeon, over ten years' service	80 00	8	72	2	32	13 00	18	63 00	215 00	4	2

In addition to the above, Surgeons and Assistant-Surgeons are allowed an additional ration per day, after the termination of every five years' service.

Quarters and fuel, or commutation therefor, are also furnished to Medical Officers.

Jos. K. Barnes, Surgeon-General, U.S.A.
Surgeon-General's Office, August 9th, 1866.

Drs. Armor and Ford.—We are requested to say that both of gentlemen have withdrawn their acceptances of positions in the reorganized Faculty of the University of Louisville. We are not as yet advised of the final arrangement of the chairs in that Institution.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Communication from A. D. Williams, M.D., Cincinnati.

Gonorrhœal Ophthalmia is known by several names, such as *Purulent Ophthalmia*, *Egyptian Ophthalmia*, *Military Ophthalmia*, and among children *Ophthalmia Neonatorum*. These several names, though applied to several conditions of the eye that are *supposed* to be *distinct* diseases, all bear the one essential idea that the diseases thus variously designated are the result of contagion and have been excited by the actual contact of a peculiar poison, which on account of its peculiarity, is sometimes—I might say generally—called a *specific poison*. The qualifying word "gonorrhœal" indicates the origin of the poison and everybody knows that, when pus from a gonorrhœa is put into the eye accidentally or on purpose, a peculiar inflammation—very violent in its character—is excited in the course of a few hours.

I call it *peculiar* because it differs from common or ordinary inflammation both in its origin and in its violence, as well as in its destructive tendency. As to the different varieties of this disease, as indicated by the various names applied to it, there is a very wide difference of opinion; but *practically* considered—I mean with reference to the appropriate treatment of all—they may be and should be regarded as one and the same disease. Whether there is a specific poison that will alone excite gonorrhœal ophthalmia, having its origin in the urethra or vagina; a second poison that will excite only Egyptian ophthalmia, coming, as is implied, from Egypt; and still a third poison that will excite only ophthalmia neonatorum, having its origin in the vagina of lying-in-woman, is still a question in Ophthalmology about which there is much dispute and at present can not be satisfactorily determined.

Whether these *supposed* different poisons are really and essentially different materials, different substances, or whether they have one and the same essential nature, poisonous nature, must be settled, by future investigations and developments. At present I refer to it only because it is an interesting question in Ophthalmology.

Judging, however, from the very similar effects of these poisons in the eye and from the identity of treatment adapted to all of them, I am inclined to the opinion that they are not really different poisons, but that they have one and the same *essential, specific, poisonous* nature. Neither do we know whether pus from a gonorrhœal ophthalmia or from an ophthalmia neonatorum would excite a genuine gonorrhœal inflammation of the urethra or vagina; or whether the gonorrhœal poison will lose its poisonous effect and become degenerated, as the virus of smallpox, after it has been propagated through a series of eyes from individual to individual.

These would be interesting things to know, but I do not suppose that any one is going to make the experiments that would be necessary to test the matter.. As to the way in which eyes are inoculated, how the poisonous matter gets into them, needs no explanation. Everybody knows that, or may know it, if he will only think for one moment.

The symptoms of gonorrhœal ophthalmia are marked, very characteristic, and the diagnosis very easy. About the first thing observed after an eye has been inoculated is that the eye has matter in it; and the period of inoculation is very short—only a few hours, so that the poison will soon manifest itself after it gets to the conjunctiva. The suppuration increases very rapidly and the discharge soon becomes profuse and almost streams from the eye in many cases. As soon as the mattering begins the conjunctiva and lids begin to swell and pain and increases rapidly until within a very short time the eye is completely closed by the swelling and the upper lid hangs like a slab several lines over the margin of the lower one. The patient now in order to see must take hold of the lashes with his fingers and lift the upper lid from the surface of the eye ball and wipe or wash the pus out so that the light may enter.

If we now observe the cornea, it will be seen shining, as it were, from deep down in a cavity or hole. The conjunctiva has become so swollen and the sub-conjunctival tissue so infiltrated that the membrane is pressed forward in the form of a sac or pouch by the infiltration beneath till it covers almost the whole cornea; hence the latter is seen in the bottom of a cavity thus formed by the conjunctiva. If the lid is turned over, the inside of it, that is, the palpebral portion of the conjunctiva, is most intensely injected and thickened and its papillary structure is very much hypertrophied, presenting a soft velvety appearance and the pus can be seen almost running out of it, so rapidly is it secreted from its surface. At the same time that the lid is turned immense folds of the conjunctival *cul de sac* are observed rolling forward from beneath the lid on account of the pres-

pressure and entirely covering the front surface of the ball, and sometimes persons who are not in the habit of seeing such things often, *may* think that the eye is destroyed entirely as they are unable to see it. From the very commencement the pains experienced are quite severe from the rapid swelling and consequent distention of the parts involved. Altogether I do not think it hardly possible for any one to make a mistaken diagnosis in gonorrhœal ophthalmia, even if there was no clue whatever to be found to the direct inoculation, so marked and characteristic are the objective symptoms. The prognosis in every case must depend upon various circumstances.

The great danger to the sight in gonorrhœal ophthalmia is with the cornea, which is so disposed and liable to ulcerate and even slough away entirely. The great swelling and consequent pressure of the lids and of the conjunctiva upon the blood vessels and nerves that supply the cornea with nutrition and nervous power is so great that it destroys more or less their function and then of course the cornea either ulcerates or dies—that is to say—*sloughs* away. With a view to a correct prognosis a close examination must *always* be made in order to find out positively whether the cornea is clear or ulcerated or whether it has already sloughed and accordingly is the prognosis favorable or unfavorable. If the treatment is commenced with the beginning of the disease a favorable prognosis may be made, although even then one or both eyes are sometimes lost, but fortunately very rarely.

But I wish to refer to the proper treatment of gonorrheal ophthalmia, which after all, is the *practical* part. *How can I cure it?* is the question that every one must ask and solve. Without referring to the great deal of bad advice given by the older authors upon this subject, I will give in as few words as possible the treatment now adopted every where by ophthalmologists, and is recognized to be *the treatment*. And I need hardly say that it consists mainly in the proper and careful use of nitrate of silver. In fact it may be, with propriety, called the *specific* remedy, as I do not remember ever to have seen a case that its timely and careful use did not positively cure. If I should see an eye that was known to have been inoculated with gonorrheal matter, I would brush the lids immediately with a pretty strong solution of nitrate of silver (ten to fifteen grains to the ounce) with the hope that the caustic would destroy the virus and thus prevent the development of the disease. After the eye has begun to suppurate, then, of course, no such hope can be entertained. *When the disease is* once fully developed, then the systematic use of nitrate of silver must be resorted to and upon the following plan: The solution used must be quite strong (some prefer the solid stick) and better perhaps make use of the comp nitrate of silver (equal parts of nitrate of silver and potassa) as it is milder in its caustic properties and fully as effectual. Take a forty grain solution of this compound nitrate (twenty grains of the pure), evert the upper lid well and with a camel's hair pencil dipped in the solution, brush the inside of the lid a few times over (four or five times) rapidly and let it remain there till the conjunctiva begins to turn white, which will be in a very few seconds; then wash it off *thoroughly* with simple water (some use salt water that they may the more perfectly neutralize the nitrate and keep it off of the cornea.) The lid is now let down and the lower lid is drawn downwards—the patient looking up—and brushed in the same way as the upper one. This treatment should be repeated in the same way not oftener than once every twenty-four hours and it will cause the patient considerable suffering for three or four hours after each application. In order to relieve the suffering, which is usually considerable aside from the treatment, as much as possible, it is best to prescribe a strong solution of atropine and morphine (three or four grains of each to the ounce) and direct it to be dropped into the eye every two or three hours during the day and even at night, if the patient can not rest on account of the pain. After a few applications of this wash the patient will generally express himself as much relieved from the suffering. The wash itself does not smart at all, *if pure.*

The nitrate must be applied every twenty-four hours till the suppuration has almost ceased and the swelling nearly or quite gone; then the strength of the caustic may be diminished to one-half or one-fourth, but continued in the same way till the mattering and swelling have disappeared and the redness mostly gone, then the nitrate may be discontinued and a simple astringent solution substituted. Sulph cupri or sulph zinci are indicated now in the strength of one grain to the ounce, to be dropped into the eye once or twice a day. Or the lids may be touched once a day with the solid crystal of copper. This latter treatment must be continued till the redness is all gone and the eye in short is well. The atropine and morphine solution must be continued through the whole course of treatment, but perhaps not so often toward the last. Usually after the first application of the nitrate it will be observed that the swelling and suppuration begin to decrease, and with them the suffering begins to abate. And after each successive application they disappear more and more rapidly. The time required to treat such a case is from six to eight weeks.

Shall the nitrate of silver be applied when the cornea has begun to ulcerate? The propriety of its application to an eye with ulceration of the cornea has been questioned by many on the ground that the caustic will irritate the cornea and thus increase the ulceration. The choice here is between two evils, and of the two the least must be chosen. The nitrate certainly acts injuriously upon an ulcerating cornea, but the disease, if not treated, will act *more injuriously* upon it and hence it is always advisable in my judgment to continue the application of the nitrate as the least of the two evils, but always taking care to keep the caustic off of the cornea as much as possible by washing it thoroughly off after its application to the lids.

The older authors upon this subject have advised the strictest antiphlogistic treatment, such as leeching, bleeding, purging, wet cups to the temples, scarifications of the conjunctiva and even the excision of portions of the conjunctiva, *unsurgical* as it is. I need hardly say that such treatment will not *cure* gonorrheal ophthalmia. It is not the kind of an inflammation to yield to such treatment; but on the contrary is aggravated by it. Application of cold water is, to say the least, *questionable*, if not really injurious.

There is a variety of gonorrheal ophthalmia known as *diphtheritic* gonorrheal ophthalmia, not often seen in this country, but frequently met with in Prussia and in the northern part of Germany, to which I should like to refer, did space permit me. It is characterized by a watery secretion or rather by the secretion of an unhealthy pus and severe suffering. Without going into detail I will say that in this variety treatment does not seem to avail anything. A very unfavorable prognosis is to be made and the probability is that both eyes will be lost in spite of *all* treatment. Fortunately it is not met with very often with us. A case of gonorrheal ophthalmia now under treatment has suggested the propriety to me of publishing something in regard to the treatment of the disease.

Scrofulous or Phlyctenular Ophthalmia, Complicating Defective Menstruation.

BY A. G. BROWNING, M.D., DAYTON, OHIO.

Scrofulous or Phlyctenular Ophthalmia is by no means a rare affection, forming as it does a large majority of the ophthalmic diseases of children from one to twelve and fourteen years of age. But a case recently occurred to me during my residence in Kentucky, presenting some features at variance with the usual course of the disease, and so far as I am at present aware, not heretofore alluded to in works on Ophthalmic Medicine. I submit the case, thinking it may possess some interest.

A. B., aged about fourteen years, of rather phlegmatic temperament and scrofulous tendencies, first menstruated in August, 1865. As many times happens at the first effort in such habits, the function was unsatisfactorily performed, the discharge being scant and of short duration, though unaccompanied by any serious disturbance. Two weeks later, after exposure to the influence of cold, she was attacked with what appeared simple catarrhal conjunctivitis, involving both eyes and of an active grade, the ocular and palpebral conjunctiva being deeply injected, with excessive lachrymation, pain and intolerance of light, tumefaction of lids and chemosis, the system at large sympathizing actively. The attack was sudden, violent and of rapid progress, soon involving adjacent structures, especially the cornea. This, however, yielded readily to treatment, the structures soon assuming their accustomed appearance, leaving no visible trace of the attack. Again in two weeks, being four from the first menstrual effort, the same phenomena in the same order and succession occurrred, with this difference however. The *molimen menstruale* was marked, as evidenced by the uterine and ovarian pains, tenderness in the hypogastric region, etc., but there was no perceptible evidence of the menstrual flux. The ophthalmia was as well defined as previously, affecting the same structures, but in a modified degree, the inflammatory symptoms partaking of the strumous character rather than of ordinary inflammation. The intolerance of light and lachrymation were even more severe than before, but the discharge of mucus was wanting, the redness was not so great, and there was the occurrence of the peculiar vesicle or phlyctenulæ on the lower margin of the right cornea, so characteristic of strumous ophthalmia. The attack was sudden as before, the patient going to rest in her usual health, aside from the uterine disturbance alluded to, and with no unpleasant sensations about the eyes. In the morning, both eyes were in the condition described; the left one, however, resumed its natural appearance within a few hours, without any especial interference, the right remaining painful and sensitive as before.

The constitutional symptoms were slight; the circulation languid, the skin and extremities disposed to be cool, and no thirst.

The secretions needing correction, I commenced treatment with ℞ Hyd. C. Creta, gr. x, ; Rhei Pulv., gr. xv. M.

After the action of which, with a view to relieving pain, controlling capillary action and the gradual induction of a tonic influence upon the system, I immediately placed her upon the following: ℞ Ferri Sulph. Pulv., Quinia Sulph., aa ℈ij.; Antim. Tart., gr. iij.; Morph. Sulph., gr. ij.; Aqua Pur., ℥viij. M. ft. sol. S. A tablespoonful every six hours during the day. Mucilage of sassafras locally, with shade for the eyes and anodynes at night.

This treatment was continued for ten days or more, at the end of which time the phlyctenulæ receded, leaving only a slight opacity; all the local symptoms subsided, and, but for the known tendencies of the disease to relapse, a cure might have been for the second time, confidently assumed. But, true to its instincts, precisely at the menstrual epoch, as before, the same series of phenomena recurred, ran the same course, and again disappeared under a similar course of treatment, there being, however, an appreciable diminution in the severity of the symptoms and duration of the attack. Very close inspection detected a minute ulcer of the cornea, which subsequently entirely disappeared, leaving the organ as free from disease and as perfect in function as it had ever been.

At this point it became a practical question what share the amenorrhea was taking in the production of the ophthalmia. The primary uterine disturbance, the order of sequence and interval of repose, apparently bore the relation of cause and effect, and my efforts were accordingly directed to the removal of the amenorrhea. The cause of this being manifest in the tardy physical development, I began a course of treatment, hygienic and therapeutic, the best calculated, as I supposed, to impart tone and vigor to the system. Together with salt sponging, the flesh-rubber, proper diet and gentle exercise, I gave the following, three times a day, in dessert spoonful doses: ℞ Quinia Sulph., ℈ij.; Acid. Sulph. Aro., ʒiij.; Ferri Sulph. Pulv., ℈ij.; Ext. Tarax, ʒiij.; Aqua Pur., ℥xvi. M. ft. Sol.

For the correction of secretion, and to obtain a regular action of the bowels, I directed:

$$\left.\begin{array}{l}\text{℞ Ext. Colocyn. Comp.,}\\ \text{Jalap Pulv.,}\\ \text{Pil. Hydrarg.,}\end{array}\right\}\text{ aa ℈iss.}$$

Ext. Hyosciam, ℈i.

M. ft. pil. No. 22. S. One or two, *pro re nata*.

This course of treatment was persisted in for a period of about three months from the last attack. During this time there was no departure from the routine symptoms already detailed, the menstrual effort being well defined at each recurring four weeks, failing in which, the onerous was apparently thrown upon the organs of vision. There was, however, a decided change as regarded the duration and severity of the attack. At first, continuing with great intensity for an entire week or more, the time was reduced to one or two days, and the attendant pain became so inconsiderable as scarcely to demand attention. The last appearance of any affection of the eye occurred on the night of the 17th of December, 1865. There was here and there an injected vessel, slight intolerance of light and lachrymation and no phlyctenulæ. The symptoms were altogether ephemeral, disappearing of their own accord in less than twenty-four hours.

In January, 1866, after having completed, according to Dr. Tyler Smith, the fifth "ovarian month or cycle," and upon the approach to the sixth monthly return of the dreaded "sore eyes," the menstrual flow was successfully established, to the exclusion of its troublesome accompaniment, having been preceded, I may remark, by an improvement in the physique of my patient, as gratifying as it has proven to be permanent. There has been no further difficulty experienced that I am aware of.

This case possesses no special interest, aside from its presenting what is, to me at least, a new manifestation of uterine sympathies. That the co-existing affections were accidental, would imply a degree of medical atheism to which I can not subscribe, in view of the facts and their legitimate teachings. The orbital region and the eye itself, are embraced in that long list of distant parts subject to reflected uterine influence, and, though the ophthalmia could not with propriety be said to be vicarious of menstruation, yet it may have been, and doubtless was, the result of an erratic divergence of that ovarian or uterine energy upon which the menstrual fluid depends. The eye itself, or its investments, was, from local or general causes, in an irritable or disordered condition, rendering it susceptible of other morbid impressions; this impression was supplied by the periodical ovarian excitement, and the scrofulous diathesis gave the distinctive character to the resulting affection. In this instance, however, I am content to accept results, without too critical an inquiry as to how they were obtained.

Editorial Abstracts and Selections.

Prepared by W. B. Fletcher, M.D., Indianapolis, Ind.

OBSTETRICAL.

1. *A Case of Extra Uterine Gestation*—By Dr G. Phillipart.—A woman, aged thirty, who had never borne children, when in her fourth month of pregnancy, experienced pains in the hypogastrium. Toward the end of the seventh month she had pains, as if of labor, and some hæmorrhage. One physician who saw her diagnosed normal gestation and impending labor. But labor did not take place. Still later severe pains set in, and when estimated to be nineteen months it was thought necessary to perform gastrotomy. The child's head was found closely adherent to the containing cyst; it was impossible to extract the fœtus entirely. but several bones were brought away. Soon hectic followed, and the patient seeming to be in great danger, the neck of the fœtus was seized with a hook and the whole extracted.—The patient has recovered.—*Gaz. des Hospitaux*, 1865.

2. *A Case of Lithopædion.*—Dr. R. Wagner describes the dissection of a woman aged sixty-eight, who had died suddenly. She had borne five children at twenty-four, and believed herself again pregnant, when she fell sick of typhus. During this illness the movements of the child ceased. Notwithstanding that the child had been retained twenty-nine years in the abdomen, it was entire, although much contracted, It weighed three and a half pounds, and was of the size of a child's head. The soft parts were much dried ; some bones showed strong calcification ; the scalp and one ear had grown to the membranes. Whether the extra-uterine gestation was primary or secondary, Dr. Wagner does not decide. The woman had rejected an offer of Cæsarean section twenty-nine years before.—*Arch. f. Heilk*, 1865.

3. *Bifid Uterus and Double Vagina*—By Dr. A. B. Hoyt.—The physiological history of cases of double uterus is interesting. Dr. Hoyt relates a case of a woman who died at fifty-seven. She had given birth to three children ; labors all difficult. When pregnant menstruation was always suspended. After death two vaginæ were found ; the septum extended from just within the vulva to the uterus ; it consisted of compact cellular tissue. Close to the uterus the vaginæ communicated with each other through an opening of about a fourth of an inch in diameter. From each vagina a probe passed into a separate uterine cavity. The organ was hardly larger than the normal uterus, but about one inch and a half from the os it bifurcated into two symmetrical cornea, as large round as the forefinger, and about one and a half inches long ; these terminated in the Fallopian tubes which, with the ovaries and broad ligaments, were

natural. There was nothing to indicate that one side of the uterus had bean impregnated and not the other, unless it was the greater capacity of the left vagina.—*Amer. Jour. Med. Sciences, Jan.*, 1866.

4. *Successful Removal of Uterus and Ovaries (with fibroid tumors)* —By Dr. Storer.—Dr. H. Storer relates the sixth case in which the uterus had been removed successfully by gastrotomy. He precedes his narrative by a historical retrospect of the subject. His case is briefly as follows: A single lady, aged forty-seven, had very large abdominal tumors; she was larger than a woman with twins, and was greatly prostrated. Adhesions of the tumor to omentum were found. One large mass was first separated by ecraseur, in order to get more easily at another which filled the pelvis. The pelvic mass was largely attached; a clamp was passed beneath it. Excision was then accomplished by ecraseur. Free hæmorrhage took place, which was checked by three hours' exposure to the air. She recovered well. The tumor weighed thirty seven pounds, containing thirteen pints of fluid. The two ovaries were found attached. The tumor was fibro-cystic.—*Ibid.*

5. *Uterine Tumors removed by Abdominal Section*—By Dr. H. B. Sands.—The following case presents a warning illustration of the danger attending the removal of uterine tumors by gastrotomy: Dr. Sands was consulted by a woman aged forty-five, who had been conscious of the presence of an abdominal tumor for seven years; it began in the left iliac fossa, and when seen, the abdomen was of very large size. There was also an umbilical hernia. The tumor consisted of irregular masses, and no fluctuation was made out. The uterine sound penetrated four inches. Gastrotomy was performed; a very large incision was necessary; the mass of tumors was bound in the pelvic cavity by adhesions, but the operator persevered in dissecting it out; there was considerable hæmorrhage, and the mass was divided above the line of implantation of the vagina into the cervix uteri. Hæmorrhage was found springing from a rent in the common iliac vein. "The summit of the bladder was unavoidably ruptured." The patient died a few minutes after the completion of the operation. The tumor weighed sixteen pounds, and in one part were several cysts containing serum. (In this case the absence of fluctuation, the penetration of the uterine sound four inches, and the solid masses felt through the abdomen pointed with sufficient clearness to the fibroid nature of the tumor. I believe it ought to be accepted as a rule in practice, that whenever a tumor is felt to be very solid and firm, giving no evidence of fluctuation, gastrotomy should not be performed. The probability, in such a case, is that the tumor is not "ovarian." R. B.)—*New York Medical Journal, Dec.*, 1865.

6. *Ovariatomy.*—This, which a few years ago was looked upon as not only a capital, but a criminal operation, is daily becoming more common and successful on account of the statistical evidence which

has accumulated proving it to be less dangerous than any one would have predicted half a century past.

From the statistics collected by T. Spencer Wells, (in his "Diseases of the Ovaries, 1865) and Dr. Eug. Dutoit (Ovariotomy in England, Germany and France, 1864) we present the following tables, as compiled in the British and Foreign Medico-Chirurgical Review:

These tables which extend to the end of October, 1863, includes in all 742 cases, which are thus distributed according to their nationality: France, 28; Germany, 74; England, 467; America, 165; other countries, 8; total, 742. Dividing these 742 cases into the above categories, we find them in the following proportions:

CLASS A.—TOTAL EXTIRPATIONS.

Germany, recovered, 15; died, 40; France, recovered, 13; died, 14; England, recovered, 230; died, 149; America, recovered, 68; died, 49; other countries, recovered, 4; died, 3; total—recovered, 330; died, 255.

CLASS B.—PARTIAL EXTIRPATIONS.

Germany, recovered, 1; died, 8; France, recovered, 7; died, 6; America, recovered, 3; died, 2; total—recovered, 11; died, 16.

CLASS C.—OPERATIONS ABANDONED ON ACCOUNT OF ADHESIONS.

Germany, temporary recovery, 3; died, 4; England, temporary recovery, 44; died, 15; America, temporary recovery, 13; died, 7; other countries, temporary recovery, 1; died, 0; total—temporary recovery, 61; died, 26.

CLASS D.—EXTRA-OVARIAN TUMORS EXTIRPATED.

Germany, recovered, 0; died, 1; France, recovered, 1; died, 0; England, recovered, 3; died, 6; America, recovered, 3; died, 6; total--recovered, 7; died, 13.

CLASS E.—OPERATIONS ABANDONED BECAUSE OF MISTAKEN DIAGNOSIS.

Germany, recovered, 1; died, 1; France, recovered, 0; died, 1; England, recovered, 6; died, 0; America, recovered, 9; died, 5; total—recovered, 16; died, 7.

The operation was least fatal from 21 to 25 years of age—the proportion being 36·2 per cent. While in those of 50 years and older, the rate was 42·8 per cent.

As mistakes are more instructive than successes, we will conclude by enumerating the errors in diagnosis that have been recorded.

Of 23 such cases (6 of which occurred in England and 9 in America,) 11 proved to be uterine tumors, 2 more connected with that organ, one was a case of chronic peritonitis, with thickening of the transverse colon, and ascites. Another was a tumor of the spleen, another scirrhous of the omentum, and in four there was *no tumor at all.*

The above cases must not be taken as representing all the operations performed in America up to that time. We are inclined to believe that the cases since 1863 would show marked improvement in numbers and successes. Undoubtedly a large number of cases throughout the country have escaped the notice of journalists, and have not been recorded.

7. *Replacement of Presenting Arm, by Prof. Thomas's Method of Reducing Prolapsus of Cord.*—I beg leave to offer for publication the following case, to illustrate that the position of the patient required in Dr. T. G. Thomas's method of reducing prolapsus of the cord, renders the replacing of a presenting hand or arm possible.

I was called to attend Mrs. M. in confinement, June 7, 1866. Discovered, on examination, the left hand protruding from the vulva; also several inches of the umbilical cord and the ear, the presenting part of the head. The cord was still pulsating, and the uterine pains were moderate. I at once proceeded to reduce the cord by the method proposed by Dr. T. G. Thomas, and succeeded without much difficulty. Having accomplished that desired end, I determined to attempt the returning of the arm while she remained in the same position, which was done as follows: carrying the elbow upwards and backwards toward the spinal column obliquely, until the hand was within the cervix uteri, and then by pressing the hand downwards and backwards until it was slipped within the uterine cavity. On withdrawal of the hand, the head fell of itself into the first position. Labor thence proceeded naturally, and the woman was delivered of a living child in about two hours' time.

I do not lay any stress on the manner of reducing the arm, for it can only be done in the way described. I place all importance on the position of the patient. The position relaxes the vaginal sphincter, enfeebles the uterine pains, and gives also the advantage of atmospheric pressure.

This position of the patient will, in my opinion, be found to render pelvic version easier when required to be done by introducing the hand into the uterine cavity.—Alex. Hadden, M.D., in *Medical Record.*

PRACTICAL MEDICINE.

8. *Causes of Intermittent and Remittent Fever.* — Professor J. H. Salisbury communicates to the American Journal of Medical Sciences an elaborate article, giving an account of numerous observations and investigations regarding the origin and cause of intermittent fever. Dr. Salisbury found on microscopical examination of the salivary secretion expectoration of those laboring under intermittent fever, and who resided upon ague levels, and were exposed to the evening, night and morning exhalations and vapors arising from stagnant pools, swamps and humid low grounds, that there occurred in these secretions a great variety of zoosporiod cells, animalcular bodies, diatoms, dismidiæ, algoid cells, and filaments, and fungoid spores. Constantly and uniformly found in all cases, and in great

abundance, were minute oblong cells, either single or aggregated, consisting of a distinct nucleus, surrounded by a smooth cell-wall, with a highly clear, apparently empty space between the outside cell-wall and the nucleus. They were not fungoid, but cells of an algoid type, resembling strongly those of the *palmellæ*. In persons residing *above* the summit plane of ague, the bodies were invariably absent.

By a series of carefully conducted experiments and observations, the following facts were ascertained:

1. That cryptogamic spores, and other minute bodies are mainly elevated above the surface during the night. That they rise and are suspended in the cold damp exhalations from the soil, after the sun has set, and fall again to the earth soon after the sun rises.

2. That in the latitude of Ohio, these bodies seldom rise above from thirty-five to sixty feet above the low levels. In the northern and central portions of the State, they rise from thirty-five to forty-five feet, while in the southern, from forty to sixty feet.

3. That at Nashville and Memphis they rise from sixty to one hundred feet and more above the surface.

4. That above the summit plane of the cool night exhalations, these bodies do not rise, and intermittents do not extend.

5. That the day air of malarial districts is quite free from these palmelloid spores, and from causes that produce intermittents.

Palmellæ belong to the lowest known vegetable organisms. The several forms of this type which are constantly attendant on intermittent malarial disease have received the generic name *gemiasma* (earth miasm), of which Dr. Salisbury enumerates six species.

In another series of extended observations, the local effects, produced in the mouth and air passages by inhaling these cells, are minutely described. They cause a dry, feverish, constricted feeling in the mouth, fauces and throat, increasing until the fauces becomes parched and feverish, normal mucous discharges become checked, and the feeling soon extends to the bronchial and pulmonary surfaces, which also become dry, feverish, and constricted, with a heavy congested sensation, and dull pain. These peculiar symptoms generally last several hours after leaving the bog.

The author has made experiments relative to the production of intermittent fever in localities entirely free from malarial influences, by carrying boxes filled with surface earth from a malarious drying prairie bog, covered with the *palmellæ*, to these localities, and exposing persons to their emanations. Attacks of intermittant fever were the result.

The investigations of Dr. Salisbury must be considered highly important, as they seem to establish positively the *fons* et *origo* of malarious fever.—*Phil. Med. and Surg. Reporter.*

9. *Poisoning by Petroleum.*—Dr. Mayer, of Antwerp, relates a case of poisoning by a glass of petroleum, which was drunk in the dark by mistake for a glass of beer. About half an hour afterwards, Dr. Mayer found the patient pale, restless, with sunken eyes, strongly contracted pupils, the irides insensible to light, hot dry

skin, weak voice, and short quickened respiration. The pulse was excited, hard, incompressible, 60 in the minute, and afterwards fell to 48. (The ordinary number of pulsations in health was 80.) The patient complained of an indescribable feeling of *malaise*, great anxiety, and a sensation of constriction at the diaphragm and in the pharynx. Consciousness was undisturbed. The breath had no odor of petroleum. In spite of the administration of tartar-emetic and of tickling the fauces, no vomiting occurred; neither fæces nor urine were discharged. After the epigastrium had been rubbed with a flannel dipped in eau de Cologne the patient had eructations, smelling strongly of petroleum, and afterwards vomited copiously undigested food, having the same odor, immediately after which an improvement took place; the pulse became quicker, the skin warmer, the pupils dilated and the sensibility of the iris to light returned gradually. The vomiting recurred frequently, and always with an odor of petroleum; the patient had a copious stool, slept well through the night, and was quite well the next day. The urine throughout the whole of the next day, still had a marked odor of violets.

Dr. Mayer remarks that the petroleum appears to have produced total paralysis of the stomach and alimentary canal, so that emetics had no effect, and the food, which was vomited four hours after the poison was taken, showed no traces of digestion. It was only through the stimulation produced by rubbing the epigastrium that vomiting was excited. The retardation of the pulse Dr. Mayer ascribes to the anæsthetic action of the petroleum which action also shows itself locally in the anæsthesia and paralysis of the digestive canal. The recovery of the patient from so large a dose of the poison may in a great measure be attributed to the circumstance that he had previously had a full meal, which thus prevented the petroleum from exerting all its action on the stomach.—*Journal de Bruxelles, May*, 1865.

10. *Codeia.*—We do not presume in these few lines to afford our readers any new ideas regarding Codeia. Its peculiar effects, as shown by experiments, are sufficiently well described by several authors. We feel certain, however, that many physicians, from disuse of the remedy in consequence of its high price, have neglected to prescribe it in cases where it may be used with great advantage. And it is here our object simply to urge the trial of Codeia as an anodyne, where it is known by experience that other forms of opium produce very unpleasant effects. We have recently observed the most happy influence of the remedy upon four patients, who often require anodynes for different painful affections, and who always suffered extremely from the secondary effects of morphine and opium however given.

The dose of Codeia may vary, according to circumstances, from gr. ½ to gr. j. It is worthy of notice that the system becomes sooner accustomed to large doses of this anodyne than to corresponding portions of morphine.—Chicago Medical Journal.

SURGICAL.

11. *On the Reduction of Dislocations of the Shoulder, by Schinzinger's Method*—By PROF. DUMREICHER.—Prof. Dumreicher brought Schinzinger's new mode of reducing this dislocation under the notice of the Vienna Medical Society, having of late had several occasions of proving its efficacy. Its simplicity and the small amount of force required for its execution are its chief recommendations as compared with other methods. An assistant having fixed the shoulder by crossing his hands over it, the operator takes hold of the upper arm and rotates it outwards to such an extent that its inner surface is brought round in front, also pressing the elbow against the trunk as much as possible. A second assistant having placed his forefinger on the inner side of the head of the bone, pressing it somewhat outwards, the operator now presses the humerus against the acetabulum rotating it slowly inwards, and the head of the bone slips into its cavity with a loud noise. In three cases which had recently occurred in his practice, Prof. Dumreicher, the reduction performed without anæsthetics was effected by the exertion of very little force and without inducing any pain. Profs. Roser and Bardeleben have objected to this method, that the strong rotation outwards might easily, in the case of adhesions existing, give rise to fracture of the humerus. There might certainly be some danger of such an occurrence if this rotation were performed in a very old dislocation, unless the adhesions had first been loosened by traction.—*Algem. Wien. Med. Zeit., Dec.* 26, 1865.

12. *Indian Surgery.*—Dr. Darat, of Santa Anna, Central America, writes to the Lancet: I will mention a case of native surgery I witnessed a short time ago. The patient had received a severe stab in the abdomen, from which protruded about half a yard of intestine and a portion of omentum, the former having a longitudinal slit about three inches long. On my arrival I found an Indian *medico* had sewed up the wounded gut, with *the nippers of a large ant.* The insect, which is very savage, was taken by the body and its head presented to the united lips of the wound, which it bit and held fast. The operator then by a pinch of the fingers killed the ant (nipping off its body), leaving its head fixed to the gut. Another and another thus applied to the number of a dozen or fifteen, effected this singular suture. The gut was then replaced, and no inflammation ensuing, the man recovered speedily. This curious practice is said to be usual in this part of Central America.—*Med. and Surg. Reporter.*

Business Notices and Acknowledgments.

NEW BOOKS.

Dixon—Diseases of the Eye, a new Edition. Lindsay & Blakiston, Publishers.

On Excision of the Superior Maxilla—By Wm. R. Whitehead, M.D., a reprint from the New York Medical Journal.

Every Saturday—The new weekly by Ticknor & Fields of Boston is to be enlarged to forty pages ; and hereafter serial stories will form one of its features. The publishers of Every Saturday have been highly successful in the creation of acceptable periodical literature and seem determined to meet with another triumph.

Advertisements—The press of advertising matter has been unusually heavy for the past few months. We call the attention of our readers to the announcement of Medical Colleges in the present issue; as also to other new cards of professional interest.

The Buffalo Medical Journal.—With the August number of this journal is commenced a new, the sixth volume. We like this journal very much, its Editor is wide awake, makes up a fresh, lively issue, and looks well to the tone and character of the profession. We are glad to believe that the profession is properly appreciating Dr. Miner's efforts.

Obituary Notice.

Assistant-Surgeon Webster Lindsley, U.S.A., died in the city of Washington, August 8th ult. Dr. Lindsley was the son of Dr. Lindsley, one of the oldest physicians of Washington, and brother-in-law of Prof. Wm. H. Mussey, of this city. Assistant-Surgeon Lindsley was on duty in this city about the outbreak of the rebellion being attached to the Marine Hospital. He served in various fields of duty throughout the war, and had worked up to a worthy and honorable position.

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A CLEVELAND BOOK IN ENGLAND.—It is among the the uncommon things in literature for the old English reviews and University Professors of Europe to speak well of anything American, especially authorship. It is therefore with some surprise, as well as satisfaction, that we find in the *London Chirargical Review*, the leading and most learned and Critical Quarterly of Europe, not only a fair and searching review of Col. J. J. Elwell's Medico-Legal work, written just before the war, but a most enthusiastic endorsement of its ability, originality and practical utility. We give some extracts. The reviewer says:

"Dr. Elwell deserves the thanks of the medical and legal profession for the very valuable work he has presented to them. It worthily upholds the high character which has already distinguished transatlantic jurisprudential literature. Dr. Elwell's special qualifications for the undertaking he has so ably completed, will be best inferred from his prefatory observation. In pursuance of his design, the volume before us is divided into two parts, both manifesting enlarged experience and extensive research, and both affording unmistakable evidence of the author's anxiety to perfect, as he has done, a volume worthy of the occasion. The inherent elementary difficulties connected with the practice of medicine and surgery are discussed by Dr. Elwell with an ability which proves him to have been a highly informed member of the profession, the immediate practice of which he has forsaken. In his chapter on "Malpractice from Amputations," an analysis of the various forms of apparent warrant for so serious an operation is instituted. This is followed b able observations on "Fractures, Dislocations and Deformities," wherein these several subjects are reviewed in a most masterly manner.

The second part of Dr. Elwell's work, in which is discussed the medical evidence, must be regarded as a valuable addition to our judicial literature. It includes the medico-legal consideration of insanity, poisoning, and the several *other questions in which* the opinions of experts are available for the furtherance of justice, and is written throughout in a thoroughly philosophic spirit. Dr. Elwell's observations on the duties and responsibilities of medical witnesses specially deserve perusal. Having in terms of just censure, alluded to ignorant and self-conceited "doctors" who often intrude themselves upon the court and bar, Dr. Elwell offers a masterly sketch of the principles which should guide the expert in the discharge of his duties. These opinions, expressing high and exalted moral sentiments with accurate and enlarged scientific views, cause us to exclaim, "Happy the people and privileged profession who experience and practice in accordance to this teaching!" We find throughout the volume, close reasoning and correct law, just criticism and able opinions, practical exposition of principles in their operations, and careful examination of the relative value of medical facts on which scientific judgments not unfrequently rest. We find controversy and personality in medical writing advisedly censured, and the gifted and amiable Prof. Taylor rebuked for certain observations in his last volume. We found his scrutiny of the evidence in Palmer's trial the ground for Dr. Elwell's remark: "If his professional brethren in England are half as bad as he represents them, the condition of medical testimony in that country is truly deplorable." We stood rebuked. We felt that here at home there was much to regret, much to improve, much to wish otherwise. We close Dr. Elwell's most learned work."

The first edition of the work was a very large one. It is exhausted and a second edition called for. The old law publishing firm of Baker, Voorhis & Co., New York, issue the new edition.—*Cleveland Herald.*

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Original Communications.

ARTICLE I.

The Medical Profession and its Standing in Society.

BY SANFORD C. YAGER, M.D., SLIGO, KY.

Read before the Sydenham Society of Henry County, Ky.

An examination into the present position of the Medical Profession in society, will convince any one that it does not occupy that high rank to which its just claims entitle it. Of the three learned professions that we have in our country, all will admit that the physician makes more and greater sacrifices than any other; he is exposed to more inclement weather, is more frequently deprived of sleep, and in everything that makes the wear and tear of his physical system, I know of no respectable calling that taxes so heavily. When we consider the long and arduous study and great outlay of means, necessary for a preparation to begin the practice of his profession; we might conclude his future life would be one of ease and pleasure. How very different! There is no position in society that involves a greater amount of responsibility; in his hands are placed the most important trusts. The health, and even the lives, of the nearest and dearest objects of affection are entrusted to him, in the most trying circumstances How often are we called upon to witness scenes of the most heart-rending character; when some loved one, some idol of the family, is grappling with the King of Terrors. How anxiously the doctor is expected, especially if he is a little after his appointed time. When his arrival is announced, how quickly the friends gather around, how closely his countenance is watched. His words, his actions, and even his thoughts, are subjected to the most rigid scrutiny. One sigh, one long-drawn breath from him, at such a time, would be sufficient to blast the hopes of all. But is there hope? or, better still, can he give an assurance of hope? Under such circumstances, who would not envy his feelings? I know of no circumstance in life, that can fill up the full measure of happiness more completely, than to feel that I can truly say, the victory is won, the danger is past. How different if he finds that all his efforts are unavailing? He has seen the disease steadily progressing. He feels that not only the life of the patient, but the happiness and well-being of an interesting family, and long train of connections and friends, depend upon the success of his efforts. He takes in at one glance the whole ground, and with the velocity of thought, with which nothing can compare, he travels through volumes of authority, and racks his brain almost to distraction for something more efficient.

On and on it goes, deeper and more intense the disease becomes. Lower and still lower the patient sinks. More and more anxious the friends become. One by one, he sees the props of life give way. One by one, he sees the fatal symptoms appear. Now, the last ray of hope is gone. He must tell the friends he can do no more. The doctor must feel and bear it all.

Does time and the frequency of such scenes blunt his sensibilities? Far from it. He may acquire a degree of firmness to enable him to manifest less of feeling than formerly; but still he feels the same. And when I cease to feel the full weight of responsibility, and no longer sympathize with suffering humanity, I hope I may have the manliness to quit the practice of physic. All this is fully appreciated by the members of our profession; but I fear, and I have reason to believe, outside of the profession, very little is known of the great anxiety that continually rankles in the bosom of the doctor. If it could be fully realized, I have no doubt there would be a different estimate placed upon our profession, and its just claims would be fully and freely acknowledged. To enquire, why it is so, to ascertain, if possible, how far we, as physicians, are responsible for the low estimate now placed upon the Medical Profession, and what is our duty in the premises; are the objects attempted in this paper.

First among the causes that have a tendency to derogate our profession in the eyes of the public, I adduce the want of harmony among its advocates. That a want of good feeling does to a certain extent exist among the members of the Medical Profession, I admit and deplore. Those who are continually dealing with diseases and death, who daily see poor frail humanity in its worst estate; who know full well the difficulties of our art, and I may add, the uncertainties, should be kind and forbearing to each other. Few can estimate the injury done to the Medical Profession, by its members judging harshly of the acts of each other, by exaggerating reports, by a want of strict conformity to truth, by personal disputes and professional controversy, by hasty and inconsiderate publication.

The character of our noble calling ought to induce a forgiving spirit, to subdue envy, jealousy, and every evil passion, and prevent the exposure of the imperfections of an erring brother. While it is freely acknowledged that there is not that harmony which should exist among physicians; and further, that there exists among the different members of the profession, and must exist on so intricate and difficult a subject as the art of knowing and healing disease is known to be, a difference of opinion and of practice. Still, with Dr. Eve, I must insist that the degree and extent of this difference is greatly exaggerated by the public. It is a fact "Doctors disagree," and they must necessarily disagree, since their science is based upon ever changing complicated matter; but that there exists among us as contradictory and opposite opinions regarding the principles of our profession as is generally supposed, we unhesitatingly deny. Because we employ various and apparently contrary agents, and people can not understand their action, we are condemned as opposed to each other.

When physicians are called to a case of fever, and one proposes bleeding, another prescribes purgatives, a third gives tartar emetic, a fourth digitalis, a fifth nitre, a sixth quinine, it is at once concluded that they differ and are opposed to each other, when in truth they all harmonize. They are aiming at one and the same result, the reduction of arterial action and febrile excitement. Again, as to purgatives, one will give calomel, another one of the neutral salts, and another oil, scammony, gamboge, or senna; and as to digitalis, one may prefer the tincture, another the infusion, and still another the substance. Thus a hundred different opinions may exist respecting fever alone; which people notice, and take as evidence that there is nothing real in the science of medicine. While in reality they all cooperate and harmonize in producing the same result. People too forget, that the human system is something more than a machine; that it has vitality independent of all motion or action obvious to our senses, and that no two constitutions are exactly alike, and different localities not only materially influence disease, but also sensibly modify the effect of remedies. The treatment that will cure a disease in one locality, will be injurious or fatal in another None of us can predict the full effect of even a single dose of medicine. We can not, therefore, adopt any routine practice, or any invariable system of treating diseases. This is the blind and reckless course of empiricism. In order to employ our agents intelligently and effectually, we must vary them to suit the ever changing circumstances of each individual case. In view of all this, we can do a great deal toward disabusing the public mind in regard to the apparent absurdities and inconsistencies of the Medical Profession.

But there are bad men to be found in all the walks of life, and there are men in the Medical Profession who would sacrifice its best interests, for their own personal advantage. Who, in consultation would urge a change in remedies, even if they produce the same effect; in order that the anticipated favorable change in the patient may be attributed to the change in the treatment, and the person who would do such a thing for such a purpose, will not be slow to encourage such a belief in the minds of others.

I possess no language capable of adequately expressing my abhorrence of such conduct. I still cherish, and will ever cherish with grateful remembrance, the conduct of an old physician toward myself, when I was yet young in the profession. I was somewhat alarmed at the condition of my patient and had him sent for in consultation; his greater experience enabled him to confidently predict a favorable issue. When I suggested that it might be well to make a little change in the treatment, he said no; that the friends would think he had saved the patient, when in fact, I had done, and was doing all that was necessary in the case.

As a general rule, the habit of lecturing at the bedside is to be condemned. It may do very well, to impress the minds of others with our own importance, and in as much as our audience is not likely to be learned in the science of medicine, a favorable opportunity is given to display an amount of learning which we never possessed.

Sometimes, however, it is absolutely necessary to explain some apparent inconsistency, or to remove some ungrounded fears. Another reason why society does not place a proper estimate upon the Medical Profession is, that the errors of all who administer physic, are charged on the profession. No distinction being made between the learned and the unlearned in medicine; between the physician and the quack. The fewer ideas a man has, the more promptly he replies; having but a small stock from which to select, the choice is readily made. So in the practice of medicine, the less a man knows, the more promptly he prescribes; the less he knows of disease, the more quickly he gives it a name. On the other hand, a man whose mind is well stored with ideas, is apt to hesitate in making a reply. So in the practice of physic, the man who knows a great deal, also knows there is a great deal that he does not know, consequently, if he is an honest man, and if the good sense of his patient will allow it, he will frequently hesitate both in the diagnosis and treatment. The science of medicine is aptly illustrated by Addison's hill of science. The votary at first sees but one hill, which he thinks he can soon ascend, but when he reaches what he thought was the summit, he finds he is at the foot of another hill more lofty than the first, and thus on through life, hill after hill continues to rise before him and all the time increasing in grandeur and sublimity; and when age and infirmity admonish him that he can climb no higher, he still sees above him immensely greater heights than when he first began. The truly learned man is a modest man. The more he knows, the less likely is he to make a display of learning. It was said by one who had as good an opportunity to know as any man, that people were fond of being humbugged, and judging from what we know to be facts, we must conclude that he spoke truly. For, of all the humbugging in this world, the greatest is seen in the practice of medicine. It is not the ignorant alone, who are the dupes of designing men, but people of education, and occupying high positions in society, frequently are the victims of the grossest absurdities. Volumes might be filled with the record of cases, any of which would equal in absurdity the grossest impositions of the days of witchcraft and hobgoblins. The question may be asked, how do these things effect the Medical Profession? As I said before, the errors of all who administer physic, or pretend to cure diseases, are charged on the profession; there being no distinction made between the learned physician and the mere pretender.

Again, there are many things said in jest, such as killing the patient, distressingly healthy, etc., which no body believes, yet have their influence in lowering the dignity of the profession. Another cause for the present unfavorable opinion respecting our profession, is that it is judged by those unqualified to form a correct decision. The case is the standing of the Medical Profession. Its only advocates are physicians, while the community, constituting judge and jury, and never having examined the merits of our cause, do not understand its nature or character, and can not comprehend our pleadings.

Yet they, nevertheless, are generally prepared to give a verdict against us. A case seldom terminates unsuccessfully, but the physician is censured for it. A fatal epidemic never prevails, but physicians are charged with not understanding its management. These unjust and erroneous decisions have a fruitful source in a set of self-made intuitive doctors, who profess to have a specific for all diseases; they never fail. What though they know nothing of anatomy, nor of the laws regulating the animal economy. They may not be able to distinguish an artery from a vein, a nerve from a tendon, know not where the stomach, lungs or liver are situated; are even uninformed as to the composition of the water they drink, or the air they breathe; yet they talk about nervous diseases, the impurity of the blood, the opening of the pores and the reaction of the system. What though they be ignorant of the healthy functions of the heart, or any other organ of the body; they know all its disorders, can cure all diseases, and this, too, without ever having investigated them, are familiar with the virtues of all remedies and nostrums, without once inquiring into their composition; and are the special patrons of all exclusive patented systems of practice. Without condescending to dissect, without investigating the experience of ages, or improving by the observations of others; without any study of medicine at all. Still uniform success attends all their efforts. Alike ignorant of what constitutes health or disease, and, if possible, more so of the effect of remedies they employ; they seem to believe, and try, (sometimes too successfully) to make others believe, that they are as well qualified to practice as any. The whole system of empiricism is founded upon human credulity in what is novel, marvellous or mysterious in treating diseases.

In proof of this, we need only refer to the great fear that exists respecting the Astrologers, Magicians, Healing Mediums Faith Doctors, Water Doctors, and Snapping Doctors! See what zealous advocates they have, and how willingly people will pay their money for such nonsensical foolishness. To read their advertisements, one would think they were endeavoring to ascertain if anything could be too absurd for people to believe. Not only is it astonishing to see how easily people are humbugged by such gross absurdities; but the various nostrums and proprietary medicines have their advocates, whose zeal and apparent sincerity are astonishing. Men, whose only object is to make money, find it very easy to impose their patented nostrums on the public. Their energy and liberality in advertising would be commendable in a better cause, and we might excuse their conduct, but that they are tampering with the very dearest interests of society. Who can estimate the great amount of evil entailed upon humanity by these means? How many precious lives are, annually, thus sacrificed upon the altar of cupidty? No one believes all they read respecting the miraculous cures made by these wonderful specifics. They all know that a great deal of it is humbuggery; yet they credit a great deal of it, and act upon it; and by receiving it all as part and parcel of the Medical Profession, they thus drag our noble profession down to a level with the most infamous of all vocations. Will it always be so? Must we, who see it all and know full well the vast train of evils, the broken constitutions, and confirmed invalids with which our country is filled, have been brought to their present deplorable condition by the use, in many cases, of these patented nostrums. I say, shall we raise no warning voice? Shall we only talk of it among ourselves? If we consult our pockets alone, without any higher motive, we will rather encourage the practice. Because you will find it to be universally true, that that community which uses the greatest amount of patent medicines, has the greatest need of the services of the physician.

The question also arises, can we effect anything by denouncing it? Will not the community think we are interested? and will we not, as is frequently the case, find that we have strengthened the very thing that we wished to destroy?

The last reason which I shall adduce, for the unfavorable opinion entertained by the public for the Medical Profession is, that as a science, it is the most difficult, obscure and complicated of all human learning. No other occupation in life involves such varied and minute knowledge, such careful observation of nature, such constant and absorbing study, such heavy responsibilities. The principles of other sciences are founded upon inanimate matter, are, therefore, well defined and not subject to change; and can be calculated on with certainty. Medicine, on the contrary, has to do with that which is in continual turmoil, and subject to a thousand varying circumstances and affecting causes. Our science rests upon human life: than which nothing is more uncertain. If, then, our science rests upon so shadowy and fleeting a thing as human life, what must, necessarily, be its character? Can the practice of medicine ever be certain? Our business is with the human system, composed of a number of substances, and these substances variously arranged and combined, so as to make up the great number of tissues and organs of which the body is composed, each of which is endowed with its own peculiar functions; and all of which are presided over by one great organ that directs and controls them all. These too are in a state of continual death and renewal of life; and so smoothly and harmoniously do they work, that in a state of health, the whole machinery is carried on without any discord, without any appreciable friction, without any pain. But just let one organ fail to perform its proper functions, and the system is deranged. Just let there be that disturbance which we call disease, and pain and suffering is the result, and this may be in any degree, from the least uneasiness to the most extreme anguish. It is our business, as physicians, to correct all the errors that may occur in the working of the complicated machine, as far as possible. It is our duty, as physicians, to be acquainted with, and to use the most efficient means to accomplish this object.

So numerous and ever changing are the causes which produce disease, that we can not expect to ever understand them all; neither can we expect to remove all that are comparatively well understood. Because the irrevocable decree, "Dust thou art, and unto dust shalt thou return," has gone forth against all flesh.

The science of medicine has done much to relieve suffering humanity. The blind have been made to see. The deaf have been made to hear. The dumb have been made to talk. The lame have been made to walk. Pain and suffering have been made to give place to ease and comfort, and thousands have been saved from an untimely grave. Such are some of the triumphs of medicine; and its progress is still onward. So rapid is the progress in our profession at this time, that to relax our studies but a short time, is to be left behind; and but a few years would be sufficient to deprive us of the right to a place in the profession. We are so happily constituted, that our duty is intimately connected with our enjoyments, and in the active discharge of duty, we find our greatest pleasure. What though our profession is not appreciated as it should be! What though much of our labor is thrown away on ungrateful subjects, and we fail to receive that remuneration which is our due. Our calling is a noble one. Our object and our aim is to minister to the necessities of others, and where there is so much suffering and distress, from which none of us are exempt, the consciousness that we, in the discharge of duty, have relieved our fellow citizens from suffering, must be a reward that can not be estimated by dollars and cents. We are proud of our profession. There is ample scope for the employment of all our faculties. We are in no pent-up Utica. There need be no jealousies among us, the field is large enough for us all. The observations and discoveries of the noblest minds that have ever lived, are our property. We lay the three kingdoms under tribute, and select from all whatever can serve our purpose. We are no more exclusive in our sources of information than we are in our remedial agents, but whenever and wherever anything is presented to our understandings, that can aid us in our noble work, we unhesitatingly use it as our legitimate property; no matter if we find it in a newspaper, an obsolete almanac, a nursery legend, or in the writings of an itinerant doctor. All that has ever been written in the whole catalogue of sciences, that make up our profession, are ours. We have a right to them all; and we may reasonably hope that the vast improvements that have recently been made in the means of observation and analysis, will enable us to understand more fully the mysterious workings of disease, as well as the means of cure. It can not be expected that any one man can examine all that is suggested as improvements, in our profession, and therefore, the necessity for the organization of medical associations, by which we can mutually assist each other. Not only do we impart to others what we have learned by reading and experience, but by an interchange of thoughts and opinions, and a comparison of views, new ideas may be developed important to ourselves, as well as to the community. Since Medical Associations have become more common, we can discover a better state of feeling among physicians. And when the people learn that we meet as co-workers in the same cause, in order to improve ourselves, and be better prepared to relieve suffering and cure disease, much of the prejudice that now exists against our profession will be removed.

ARTICLE II.

Radical Cure of a Case of Prolapsus Uteri.

BY JAMES K. BIGELOW, M.D., INDIANAPOLIS, IND.

Mrs. H. S. A., æt. 42, married, sterile, medium height, sanguine temperament; good muscular development; menstruated first at the age of 17; for ten years has had prolapsus uteri, with dysmenorrhœa; frequent attacks of erysipelas, and general neuralgia; came under my care January 1st, 1866.

According to her statements, all the treatment usually given in such cases had been tried without producing any good effects in her case.

The cervix uteri, conical, hypertrophied, indurated, and 2½ inches long, protruded through the vulva. The os tincæ was so small that it was with difficulty a No. 1 bougie could be passed. No ulceration could be discovered with the speculum. The uterus was easily replaced, but the least exertion of the patient caused its immediate descent.

From the time I began her treatment in January until July following, I tried a great many means, among which were tonics general and local, made efforts to dilate the os uteri with bougies, belladonna, and leeching. Gave mercury until its constitutional effect was observed, and made a deep eschar in the cervix with potassa cum calce, without producing any decided good effects. At the end of June complete procidentia existed.

In consultation with Drs. J. S. Bobbs and R. N. Todd of this city, an operation was decided upon. She was placed upon a light diet for a week, and on the 29th of July, assisted by Drs. Bobbs and Todd, I removed from the posterior wall of the vagina, a quadrangular portion of the mucous membrane, extending from the margins of the labia majora to near the os uteri (in situ); and from the posterior median line two-thirds of the semi-circumference of the vagina on each side. The removed membrane measured four by three and a half inches. After hæmorrhage had ceased, the denuded surfaces were brought together with silk, quill sutures, and patient ordered gtt. xl. tinct. opium.

July 25th. — Considerable hæmorrhage since midnight, ordered ice to vagina, and ʒss. tinct. opium. Pulse 87, tongue clean and moist, bowels quiet, drew off ℥ij. urine.

July 27th.—Suppuration established; pulse 80; tongue clean; some appetite.

July 28th.—Passed urine without the catheter; pulse 76. Ordered saline laxatives.

July 31st.—Bowels were evacuated last evening. Removed the sutures. Adhesion by first intention perfect to within a third of an inch of the margin of the denuded surface. General condition much improved.

Aug. 5th.—Adhesion sufficiently firm to allow the introduction without pain of the entire finger.

Aug. 10th.—The uterus is in situ, and does not press much against the cicatrix. The cervix is gradually losing its indurated and enlarged condition.

Aug. 13th.—Menstrual flux came on yesterday morning and ceased this evening. Patient says she feels quite well, and wants to go about the house. She has sat up considerably to-day.

Aug. 21st.—Patient continues doing well, has been doing some work about her house for several days. Complains of a peculiar fullness or nondescript feeling in her abdomen which she can not precisely locate—which she thinks is caused by her uterus not being in its accustomed prolapsed condition. Ordered her mercury in small doses thrice daily, and vaginal wash of sulph. zinci.

Aug. 24th.—The health of my patient is very good, but little trouble in walking or working. Very slightly ptyalized. Find the cervix verv flaccid and apparently much shortened. No inclination to descend, and the vagina sufficiently dilatable for the performance of all its functions.

ARTICLE III.

Puerperal Tetanus.

A Case reported by M. W. LARUE, M.D., Salem Ky.

I was called to see Mrs. K., aged 30 years, a healthy stout woman, was the mother of six living children, had had three abortions at about the fourth and fifth months of pregnancy. This was June 19th, 1866. When I first visited her, I found her laboring under a severe attack of hæmicrania with bilious remittent fever, and pregnant about six months; for which I gave her mercurial cathartics and applied cups to the temples. At the intermission of fever, large doses of sul. quinine was administered. She began to improve immediately, and I discharged her on the 21st of June.

During all this attack she had no pain or tenderness of the abdomen, nor any symptoms of an approaching abortion. But on the morning of the 23rd, I was again called to see her, and found her complaining with regular labor pains, indicating a fast approach to abortion. On an examination, I found her fully in labor with a shoulder presentation. I proceeded to perform the necessary operation of turning, and the fœtus was soon delivered, and the placenta passed off in the usual time. I then discovered that there was another fœtus, presenting foot foremost, and was delivered in a few minutes, dead, (the first being alive.) The umbilical cord of the last was very much diseased, and not more than four inches long, very much decayed near the placenta, which on the least extension pulled off, leaving the placenta of the last child which I found closely adhered to the walls of the uterus. I had to introduce my hand in order to detach it. While I was doing this I examined the uterus carefully and could find no laceration whatever. The hæmorrhage during the whole progress of labor and afterwards was rather scant.

I visited her on the 24th and 25th, and found her doing well, the lochial discharges normal, but little pain, the uterus well contracted, no unusual tenderness of the abdomen. I ordered her to take turpentine emulsions three times a day, and remain quietly in bed for some days. I again discharged the case the second time.

On the morning of the 29th of June, I was again summoned to see her. She had been seized about 3 o'clock in the morning with a sudden attack of tetanic spasms of the muscles of the jaws and back. I found the muscles of the back of the neck were stiff and contracted at the time of my visit. She complained of a painful stiffness of the jaws which came on first, and had extended to the muscles of the back, between the scapula and to the throat. She could not open the mouth and protrude the tongue, and swallowing was very difficult. Her intellect was undisturbed. Pulse natural, but rather quick. Skin warm and perspiring. Severe pain at the nape of the neck, extending down to the lower dorsal vertebræ. The lochial discharge was normal, and no symptoms of any metritis whatever. During the day the tetanic spasms increased, producing considerable opisthotonos, and extending to the large muscles of the limbs. At this time her condition was truly alarming, the spasms being very severe and extensive. She suffered much from an accumulation of phlegm in the throat, which threatened suffocation, and was with great difficulty expectorated at all. She got but little sleep, complained with much general distress occurring in exacerbations. Her pulse became quick and small, and every symptom indicated a rapid dissolution. But during all the time her intellect was clear and undisturbed, no impairment of vision, nor anything indicating disturbance of the brain. She seemed to suffer the most excruciating pain, coming on in paroxysms. These symptoms continued to increase with great severity until in the evening of the 30th, when death came to her relief at 3 o'clock P. M.

The treatment at first was the free use of Hoffman's Anodyne and belladonna ointment applied freely to the nape of the neck and down the spine, and large doses of the sul morphine, was kept up for some nine hours, but did not afford any relief; when John F. Gordon, M.D., a gentleman of fine talent and medical ability, was called to my assistance, and we agreed to apply a blister to the nape of the neck and over the dorsal vertebræ, and to administer the tincture of gelseminium in large doses. At first we commenced with thirty drops at a dose and I increased this to as high as a drachm and a half every two hours, alternated with Hoffmann's Anodyne. It seemed to relax the muscles of the jaws, but did not effect the muscles of the spine to any perceivable extent. I continued to use these remedies as long as the patient was able to swallow them. I am of the opinion that the tincture of gelseminium is a very powerful agent to produce muscular relaxation, and I think would have had a better effect if we had not given the Hoffmann's Anodyne, and think this remedy is worthy of a further trial, but should not be given in conjunction with stimulants or an anodyne.

I report the case because it is a very rare disease in this part of the country, and presents many very interesting points for investigation. Was it a case of pure idiopathic tetanus? or was it from some pathological condition of the brain and spinal cord? or was it dependent upon a deranged condition of the uterine functions?

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ARTICLE IV.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M.D.,

Professor of Materia Medica in the Miami Medical College of Cincinnati.

Applications of the Laryngoscope.—In the July number of this journal we attempted to explain the general principle of the *laryngoscope*, and the manner of its mechanical application. Accompanying wood-cuts sufficiently illustrated the whole *modus operandi*, together with outlines of the appearance of the laryngeal opening as seen in health. Without any endeavor to be elaborate, we wish to indicate to our readers who are not as yet familiar with this improvement in laryngeal diagnosis, how it may become an important help. And in the first place we may say that it is so, both in a positive and negative manner; for while the examination by the laryngoscape may reveal well defined local disease sufficient to account for existing symptoms, and therefore indicate precisely the plan of treatment needed for the individual case,—it may also reveal the fact just as positively that no local disease whatever is present, and hence of course forbidding the endless round of swabs, probangs and caustics which have often found their way heretofore into innocent throats in the empirical hope of effecting a cure of something not well understood, but only vaguely surmised.

Modifications of the voice, and cough, are the immediate effects of morbid growths and other lesions of the laryngeal structure. Minute fibroid bodies, or minute polypi, find their attachment on the vocal cords, or upon the parts so immediately neighboring as to interfere with their normal action—and hence as a general result there is more or less complete loss of voice, and this coming on so gradually that the patient and physician are misled into the belief that it is the legitimate result of catarrhal trouble, not involving change of structure. Sometimes instead of the aphonia, or with it, there is an irritable cough, provoked by the presence of what is simply and truly a foreign body.

In the June number of this journal, Dr. Bruhl, of this city, gives the substance of one of these interesting cases. It is taken from *Berliner Woch. Klinik* and was operated upon by Dr. Gottstein, of Breslau. In this case there was first dry cough and hoarseness, with complete aphonia after two years, insufferable respiratory difficulty and dyspnœa. Dr. Gottstein found on the laryngoscopic examination a number of small granular bodies or papillomata attached to the posterior wall of the epiglottis, on the ventricular bands and extending downwards to the vocal cords and more or less blocking up the laryngeal cavity. These bodies were removed by proper instrumental interference, and in a very short time the patient was completely restored to her voice and general health. (See *Lancet and Observer*, page 344 *et seq.* of this year.) This case is a very instructive one, and is typical of many others to a greater extent than is generally supposed.

In his Prize Essay for the American Medical Association for 1865, Dr. Ellsberg of New York has given a large number of cases in illustration of the presence and effects of morbid growths in the air passages. One of these is particularly interesting, especially in view of the remarkable quantity constituting the mass of morbid tissue; and occupying so much of the laryngeal cavity as to hang below the vocal cords and down into the trachea. In this case there was a harrassing hacking cough, and the voice was only a labored whisper. Dr. Ellsberg was compelled, in this case, to *educate* the fauces and epiglottis to laryngoscopic manipulations for a length of time, before operative proceedings could be resorted to. He finally, and by repeated piecemeal, removed a growth which he estimates to be equal to a hen's egg in bulk. The operation was a complete success, but vocalization was only partially restored.

A large number of additional cases are reported in this essay; most of them, perhaps, more practically useful, if not of so striking a character. Quite a number of them are cases in which there is more or less complete aphonia, and a degree of cough. Several of them are produced by the presence of small polypi having their attachment to the vocal cords, or by small fibroid growths, acting essentially in the same manner, so far as they prove laryngeal obstructions; and for the most part the removal of these growths, whatever their character, was uniformly attended with a relief of the attendant symptoms.

This is not properly the place to detail the mode of extirpating morbid growths of this character. Laryngoscopists, however, have devised exceedingly ingenious instruments adapted for these delicate operations—in the form of forceps, probes and scissors. Some of them, indeed, may be conveniently removed with chromic acid, or other escharotics; the apparatus being necessarily delicate, but the principle of surgical therapeutics being precisely as for like procedures in other localities.

The following cuts will sufficiently illustrate the laryngoscopic appearance of some of these morbid growths. They are all from cases first reported by Czermak, and we copy them from the new edition of Bennett's Practice of Medicine, which we are courteously permitted to do. It will be observed that they have a similar character with those reported by Ellsberg—though one or two of them as No. 1 and No. 2 are quite different—Nos. 3 and 4 quite identical with his cases just alluded to.

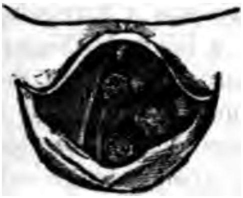
Fig. 1.

Figure 1. represents a case, the early history of which is not clear, but in which the appearance as now seen, exhibits a transformation of the right false vocal cord into a hard, rough and ulcerated mass.

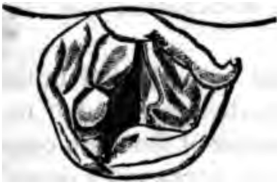
Fig. 2.

Figure 2. shows a loss of substance of some of the laryngeal structure with cicatrices. In such a case there could be but little done in the way of remedial interference, but it is a great deal to know positively that we have a case where such interference is only needless punishment, and can not possibly be of benefit to our patient.

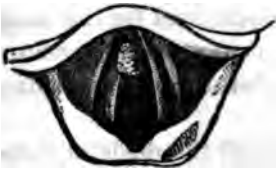
Fig. 3.

Figure 3. scarcely needs any explanation. A polypus is seen attached to the right vocal cord. In this case, as reported by Czermak, there was aphonia supposed to have a nervous origin, but which exhibited this very satisfactory reason of trouble on the laryngoscopic examination.

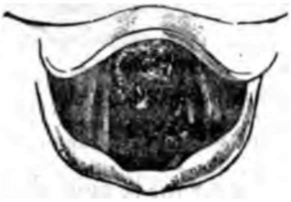

Fig 4.

Figure 4. shows a large muriform growth of polypus crowding up through the vocal cords, and so far as the general laryngoscopic appearance is concerned, bears considerable resemblance to the unique case reported by Dr. Ellsberg of remarkably large tumor.

But after all, in laryngoscopy, the great advantage of our new means of diagnosis is not particularly to demonstrate the presence of these local conditions of disease or growths; but it is a wonderful advance in our art that we are hereby enabled to arrive at precision in our knowledge of any individual case. Heretofore all pathological conditions of the larynx have been only arrived at by virtue of the rational signs. Sometimes these have indicated a correct plan of therapeutics—quite as frequently our proceeding has been absolutely empirical, and when a cure has been effected we could scarcely be sure whether it occurred from the remedy, or from natural causes. Now we have a case of laryngeal trouble—cough, dyspnœa, aphonia—presented to us, and we proceed to explore the physical condition of the structure with the same expectation of certainty as any other organ, the condition of which we can arrive at a positive knowledge. If we find the distinct results or presence of inflammation, we may use our swab, or inhalation with a comfortable sense of certain propriety. If we discover a polypus or other mischief making growth, we may apply a direct escharotic or resort to proper surgical appliance, aided by the laryngeal mirror; or if finally we discover *no* local disease we may at once relieve our patient from all annoyance of probangs, gargles, or caustic, and address ourselves to the proper indications of constitutional treatment.

Laryngoscopy being mainly in its infancy, it is probable that its cultivators may be tempted to an exaggerated view of its importance in some respects. It is, however, more probable that with its maturity as a branch of diagnostic exploration, we shall by and by come to find new applications, and an increased range of pathological indications.

ARTICLE V.

Cerebro-Spinal Meningitis.

BY D. W. BUTLER, M.D., COFFIN'S, HENRY CO., IND.

Cerebro-Spinal Meningitis, as I have met with it, appears to be ushered in with greater severity, and consequently attended with the manifestation of a more grave train of symptoms, and greater prostration of strength than almost any other disease I have ever had to deal with.

The disease most generally develops itself very suddenly, frequently attacking the patient while apparently in the enjoyment of good health, and precipitating him at once into the most severe form of chills or rigors, during which the patient is frequently seized with vomiting, and sometimes sinks into a state resembling the collapse of cholera. In one case to which I was called, this collapsed condition or syncope was so protracted despite all active means used to stimulate and rouse the patient, that the friends thought her dying. After a variable length of time, reaction takes place, and the characteristic phenomena of the disease are soon developed. The patient complains of severe pain in the head, back and limbs more especially about the neighborhood of the joints, stiffness of the jaws with slight soreness of the throat and very slight swelling of the tonsils. Some difficulty of swallowing and also of micturition very frequently are attendant symptoms in this stage of the disease.

Reaction is attended with a high grade of febrile excitement, the pulse frequently beating as high as one hundred and forty per minute, but usually small and corded. As soon as the fever is well established, which is usually from twelve to twenty-four hours after the attack of the disease, there appears principally on the shoulders, arms and legs petechiæ or ecchymosed spots, evidently consisting of a transudation of blood from the minute capillaries of the vascular rete of the skin, owing to the atony of the vessels and alteration of the blood. These spots are of an irregular shape, of variable size, ranging from two lines to an inch in diameter, are but slightly if at all elevated, and on first appearing are of a reddish cast, but soon assume a dark purple, and sometimes almost black appearance. In some cases they appear very much like the discoloration produced by slight bruising of the flesh. In about four or five days after the attack of the disease, the spots begin to fade, and usually in eight days they have all disappeared.

Treatment may have something to do in causing their disappearance in the cases in which I have drawn my conclusions, as I have thought they have disappeared faster and sooner under the use of powerful means to build up the system. The use of diaphoretics does not appear to hasten or promote their development, as they do the eruption of the exanthematic or eruptive fevers.

As soon as the disease becomes well established, the patient suffers most excruciating pain in different parts of the system, mostly in the limbs, on one side of the body, as the shoulder, and corresponding arm and leg of the same side. Wherever the pain determines, the muscles of the part become sore and sensitive, especially over or near the ecchymosed spots, so that moving the patient creates severe suffering. Slight swelling sometimes accompanies the pain, but appears to be confined mostly to the region of the joints, the limb most severely affected with the pain usually becomes paralyzed early in the course of the disease, so the patient is entirely unable to move them. The pain appears to be of a very metastatic character, frequently slipping from one location to another.

In one case I had in my charge the pain determined to one eye, severe inflammation of the organ took place, and in forty-eight hours, despite all the active means brought to bear for the patient's relief, the eye had become seriously disorganized; so that although the patient is now able to walk about the house, the eye has entirely lost the power of vision. From this some idea may be formed of the grave and destructive character of the disease.

The severe neuralgic pains affecting different parts of the system, but more particularly the limbs, frequently alternates with sensations of prickling formications or numbness. Another frequent phenomenon not manifested however, in all cases is spasmodic rigidity of the muscles, more particularly those lying along the spine. The head in cases thus affected is sometimes drawn firmly backward, and sometimes the whole trunk is stiffly bent in the same direction, constituting complete opisthotonos. Vomiting is almost an invariable attendant throughout the active stage of the disease. Age appears to have something to do in constituting the predisposition to this disease, as all cases I have had under my charge have ranged from ten to twenty years of age.

The general plan of treatment which I have thus far found to be uniformly successful—which, however, as a matter of course, must be modified to suit the various indications present in individual cases, is as follows: If called to see the patient in the cold stage before reaction takes place, I administer a hot alkaline bath followed by jugs of hot water to the feet, and the application of spirits of turpentine and strong sinapisms of mustard to the spine. After irritating the spine well with these, I generally apply a blister to cover the lower portion of the occiput and the cervical and dorsal region of the spine. The apartment should by all means be kept darkened. At the onset I generally administer a cathartic of calomel, rhei and bitartrate of potassa, and have observed from what might be supposed from the malignant form of the disease that pretty thorough catharsis is well borne and apparently followed by salutary effects. For subduing the febrile symptoms, I have made free use of the tincture of aconite, tincture of belladonna, and nit. ether, using the latter as much for its diuretic effects as anything else, as all the emunctories should be kept as active as possible. As soon as the severe pain in the head and back has abated, and the general symptoms indicate a remission of the disease, I administer quinine freely. Throughout the whole course of the disease, I make free use of the tincture of the chloride of iron, and chlorate of potassa to counteract by their antiseptic effects the putrid tendency of the disease, also to secure their tonic effects as well as the power which the former has of acting on the kidneys, making these two remedies in my estimation very beneficial. In cases attended with retention of urine, I have found the application of a poultice of raw onions applied over the region of the bladder give almost as immediate relief as the catheter.

I submit the above imperfect synopsis of the symptoms and general course of treatment which I have found to be uniformly successful thus far in restoring all cases which have come under my charge laboring under this malady, hoping that others whose experience in treating it may entitle their views to consideration, will not withhold them from the profession.

EFFECT OF ELECTRO-MAGNETISM ON THE ACTION OF THE HEART.—Let an electric stream, by means of a magnetic-electric rotation apparatus, pass through the medulla oblongata of a frog, when the palpitations of the heart will cease as long as the rotation is in action; and it will begin again, in the same way as before the experiment, a few seconds after the rotation has ceased. This experiment produces, in fact, tetanus in the whole of the body. When any other part of the spinal marrow is exposed to the same electric stream, tetanus is equally produced; but the heart continues its movements without interruption. Finally, when the whole skin of the frog is subjected to this stream, so that one wire lies close to the heart, tetanus in the whole body is produced, but without affecting the heart. Directing the stream upon the ramis intestinalis nervi vagi, lying before the lungs, produces the same effect as upon the medulla oblongata.—*London Lancet.*

Correspondence.

LOOKOUT MOUNTAIN, September, 1866.

Messrs. Editors:—I have been "seized" with a desire to write you from this "point," if that can be called a point which has no "sharp" end. The mountain is not the elevation so noted in the "annals of the recent sanguinary conflict," but *the* mountain produced by the upheaval of the various facts, opinions and conjectures of medical men, "lo these many years."

My observations have been more particularly directed to the treatment of "Cholera Asiatica." Knowing your great fondness for the "practical," I will even avoid allusion to matters, which others, in their ignorance, might deem of practical importance. So much for preface.

"Common-sense," by which I mean "sound practical judgment," is indispensable to complete success in any department of life. The physician, or rather the man with the title of M.D., enveloped in the cere-cloth of self conceit, whatever advances he may have made as a book-worm; whatever credit he may have obtained by operating with borrowed capital; however fluently and even elegantly he may discourse, does not, necessarily, possess "common-sense." So much for digression.

What do I see from my present stand-point? Great variety of opinion! Hardly an article of the Materia Medica, from the most bland and innocuous to the most irritating and dangerous, has escaped a panegyric! The young student of medicine not satisfied with the "dicta" of his teachers, ambitious to explore the field of the literature of cholera, determined to investigate for himself, as far as records will permit, deserves the commendation of those who have traversed the same field, and, at the same time, excites their sympathy on account of the perplexity he must encounter.

"Who can decide, when Doctors disagree."

Within a year I heard a learned Professor declare he had given one hundred and fifty grains of calomel, in the course of an hour or two, to a *drunkard with cholera in the stage of collapse.* The poor fellow survived both the disease and the treatment!!

During the epidemic of '49, I met a physician, since then a professor, and lately deceased, in consultation, who seriously proposed corking the rectum of the patient that the *rice water* might be retained in the bowels and serve as *nourishment* to the exhausted sufferer. This incident was vividly presented to my mind upon reading a communication to the *London Lancet*, some mohths ago, from an European doctor, who advises "that the exit of the fluid from the rectum be prevented by means of a towel very tightly rolled up and placed longitudinally beneath the buttocks." "The rectum may even be plugged in some cases!"

Deputy Inspector-General Maclean, M.D., Professor of Military Medicine, in a lecture delivered at the Royal Victoria Hospital, Netley, says: "Of all the methods of treating cholera that have come under my notice, the most extraordinary is certainly that which, for want of a better name, I venture to call "the corking up method."

The author of this ingenious invention is of the opinion that if he can only cork our patients up as he would a bottle, all must be well. It does not appear to have occurred to him that once the serum of the blood has escaped into the bowels it may as well be in the chamber-vessel as in the intestine, for all the use it is or can be to the patient. So completely does this fallacy of regarding the mere purging as the essence of the disease underlie this, as it does many other remedies and modes of treatment, that the author of this hopeful method holds out as one of the advantages of mechanically restraining the evacuations, "that in time they will be re-absorbed!"—*i. e.*, that this poisonous excretion will be again taken into the system to the advantage of the sufferer! Why not treat our patients suffering under typhoid fever in like manner? The diarrhœa in that disease is very "exhausting." Why don't we learn from this gentleman, to cork our patients up, and so obtain for them all the advantages of this "re-absorption?" No wonder the public were stunned and bewildered by the cholera literature of the last three months; no wonder a cry of "no confidence" arose on every side when "doctors" thus "differed," adding to the panic and distrust by promulgating crude, contradictory, and often irrational modes of treatment."

Pardon me, Messrs. Editors, if I submit another extract from the same author. There is so much "common-sense" in what he says, and some of your readers may not find it convenient to read his lecture, that I feel I may confer a benefit by exposing his views in your journal. "We have thus examined the therapeutic value of the remedies that have been most used in cholera. The result is not encouraging. I may say I have tried most of them, and the above is the result of my experience. You will perhaps say—Do you then advise no treatment in cholera at all? Well, I can only say that in the collapsed stage I know no drug worthy of the smallest confidence. Must we then abandon our patients to nature, and do nothing? Must we suffer them to die without an effort to save them? My answer is, that efforts of the kind described are futile; your remedies are either vomited, or, if retained, are inert, and if given, as they often are, in excessive quantities, they become a serious source of embarrassment, interfering above all with nutrition. If opium, the preparations of lead, or calomel, have been abstained from, Nature, in the stage of reaction, starts, so to speak, fair, which I am sure is not the case when weighted with one or other, or as I have often seen, with all the above. Because I objected to bleeding intemperate old soldiers of twenty years' service in tropical and malarial climates, taking blood away to the extent of upwards of a hundred ounces when suffering from peri-hepatitis, I was called the other day "the Micawber of Medicine," the gentleman "who waits to see what will turn up." Well, I don't object to the name in the least; I had rather be the "Micawber" than the "Sangrado" of modern medicine. The more I have "waited" upon Nature, the less I have attempted to force her, the more I have found that "something" is pretty sure to "turn up" to the advantage of my patients. Very notably has this been the case in cholera. Some—unfortunately a great many—patients in severe epidemics will die, but such can not be saved by pouring drugs into them in the collapse of this terrible disease.

Enough for the present, "OBSERVER."

Letter from W. H. Mussey, M.D.

Communication to the Board of Health, presented August 29, 1866, *and by it referred to the Cincinnati Academy of Medicine for discussion :*

"CINCINNATI, August 29, 1866.

"*To the Board of Health :*

"I have the honor to address you, and to beg your patient consideration of the following communication:

"In the published accounts of your preceedings I find no recognition of the doctrine of the portability of cholera, and no hint even, that the bodies, bedding and linen of cholera patients are sources of the propagation of the disease; consequently no advice as to the disposition of such effects, but I do find an order allowing the transportation, to distant places, of bodies dead from cholera, provided they are in metallic cases.

"I believe that cholera is portable. I beg of you, gentlemen, to so regard it, and to recognize the fact that it may not be propagated by means of the bodies and effects of its victims. In support of this doctrine I present the following propositions and facts :

"First—That there is a specific poison essential to the existence of the disease.

"Second—That the cholera poison can be carried in the bodies and effects of those attacked with the disease.

"It is not my purpose to discuss the first proposition, but I will remark in this connection, that the effect of the poison is at times all powerful, and from its manifestations, malignant beyond human control, but in the larger proportion of cases mild and remediable. Usually its action is in proportion to the power of the resistance it meets with in the subject, and this resistance depends in a large degree upon hygienic conditions. To your efficiency, gentlemen, and to your indefatigable Health Officer this community is indebted for the most perfect sanitary condition ever realized in this city, and to this improved sanitary condition is due the present almost immunity from the terrible scourge.

"The second proposition, that cholera is portable, seems to require enforcement upon the minds of the Board, for without a full appreciation of its importance, disease may be spread and victims multiplied. The enemy lurks in secret places, and has a habitation, whence it walks about seeking to destroy.

"In presenting facts to support the position assumed, I notice the advent and spread of cholera in this country in 1832 and in 1848.

"On the authority of Dr. Morin, Health Officer at Quebec, the cholera first made its appearance on our continent near the 1st of June, 1832. The Carricks, a vessel direct from Ireland, where the disease prevailed at the time she left, arrived, having lost twenty-eight passengers from the disease when fifteen days out, no sickness on arrival. On the 8th of June, a case occurred at Grosse Isle. On the 9th, several cases at Quebec wharf, most of which were from the steamer Voyageur, which had taken emigrants for Montreal, but had stopped at Quebec, landing two hundred. The Voyageur proceeded to Montreal; did not stop until at the wharf. Passengers were landed, and when the boat proceeded on its route, a man was found dying upon the wharf. This was the 9th of June, P. M. 'An Irish family took lodgings in the upper room of a neat, clean, small hotel near the port.' [I quote the language of Dr. Nelson, who narrates what he saw.] A soldier, related to them, obtained leave to spend the night with them. At 8 A. M., 10th of June, Dr. Nelson found the man and his wife dead, and the soldier dying. He was removed to the barracks, and the disease spread from him; he dying in twelve hours from the first hour of his visit to his friends. Note the facts: The steamer that carried the first case of cholera to Quebec carried it to Montreal, two hundred miles distant; and in thirty hours after the first case in Quebec, the disease attacked a healthy, vigorous man, who died in twelve hours.

"The whole two hundred miles of the shore of the St. Lawrence is thickly inhabited and not one case occurred. What was the matter with the atmosphere that it did not take the cholera and diffuse it? While the shores were free from infection, a case showing the portability of the disease occurred on the island of St. Ignace. As the Voyageur had passed a mile below Sorel, a feather bed was thrown off the boat and floated in sight of a man named Labrur, who paddled his canoe and picked up the bed, took it to his house on the island, and began to dry it. This man took the cholera and died in twelve hours; his wife also took it and died. Another case, at another period of the epidemic mentioned by Dr. Nelson, of an old man living above the village of Contrecœur. A raft was passing; the Captain asked him to take a dead body from him and bury it. The old man had not heard of cholera, took the body and buried it. During the night he took the disease and died; his wife also died, and a nephew, who, on being informed, went and buried them, returned to his home, was taken sick and died. A drover left Sorel, which had become slightly infected by this time; he passed through a dense, uninhabited forest, in the centre of which there was an inn. He halted at night for a couple of hours. The next day the inn-keeper was attacked, and afterward his wife; both died. The Oneida Castle, an American paper of July 23, states that the Captain of a passing boat hired an Indian to bury a man on board. The Indian was soon afterward attacked and died; five others died also. Another remarkable case is that of Rev. David Hughs, traveling from Montreal. He died at Co-to-du-lac. His daughter returned to Montreal, taking his carpet-bag containing clothes that he had worn. This was hung up in the garret of the house he had resided in. A young daughter went to play in the garret with the two daughters of a Mr. Bowman, took down the carpet-sack, and overhauled it, finding a copper cent, which she took as a remembrancer. This was Sunday afternoon, and at 4 A. M., Monday, the three children had the disease. A daughter of the deceased minister died. From Montreal the disease spread along the line of travel westward to Niagara, spreading till it reached New Orleans. It also spread south from Montreal, through Lake Champlain to Albany and the Atlantic seaboard. Dr. Marsden mentions a case (and my honored father once mentioned this case to me as having had knowledge of it) where a sailor died of cholera in a foreign port. His chest was sent to his home in Maine. It was opened on Christmas, 1832, and the inmates of the house were all seized with cholera, and died.

"In November 1848, the ship New York sailed from Havre, with emigrants from Hamburgh and other ports of Germany where cholera was prevailing. When it reached the North Atlantic coast, near Cape Sable, the weather was extremely cold. One of the German emigrants opened a chest which had belonged to a person who had died of cholera, took the clothing out and used it. Cholera was developed, several died, and twelve cases were landed at quarantine, Staten Island, where the disease prevailed. A case occurred in New York in a person who had been at quarantine. He was sent back and died. One case occurred in the house where he was taken, and he died. Only one other case occurred in the city. About the same time the New York left Havre, the Swanton sailed from the same port for New Orleans, with the same class of emigrants. When two weeks at sea, the cholera broke out, and seventeen persons died before the arrival at New Orleans. Two cases were carried from the ship to Charity Hospital, and from the 11th of December till January fifty cases occurred in the hospital among the nurses and those admitted for other complaints. As there was no quarantine, the disease spread rapidly, so that up to January 4th the mortality in the city was 1,115. From this point there was a decrease till, by the 6th of February, it had disappeared, but afterwards it reappeared with a much greater mortality.

"The disease spread rapidly among the shipping in the port, and its progress up the river was exactly coincident with the movements of the boats as they touched from point to point, so that at Memphis cholera appeared on the 22nd of December, in St. Louis in January, 1849, at other places up the Upper Mississippi in March. Cases occurred in this city December 27th, having been brought by boats via New Orleans, as reports of the Board of Health indicate. Chicago was reached from St. Louis by a canal-boat passing through the Illinois and Michigan Canal, with a number of emigrants direct from New Orleans, which arrived on the 29th of April. Capt. J. Pendleton, of the boat, was taken sick on the 29th and died the next day. The disease spread from point to point along the line of travel from the river towns across the northern Middle States, till it reached New York, in the month of May. The much abused "quarantine" had killed the disease (or caused it to die a natural death) in New York, in a little more than a month, while no quarantine at New Orleans allowed it to be disseminated through the country, till after a four months' journey it stalked into New York at the back door. What a remarkable itineracy this for the atmosphere!

"Cholera appeared in South Carolina, after the stranding of a vessel that had had the disease on board, and destroyed some of those employed on the wreck. At Key West, a steamer from New Orleans communicated the disease. A Captain Dodson died on the morning of the arrival at St Michaels, on the eastern shore of Maryland, (a previously healthy village,) and the disease prevailed there afterward.

"In Detroit, it appeared first after the arrival of the steamer Henry Clay, with cholera on board. Captain Blakeman, from Illinois, visited St. Louis, returned home, was taken with the disease and died, and the disease spread thereafter. Dr. Mulig, physician to the Prussian Embassy at Constantinople, and to the Imperial Naval Hospital says that on the 28th of June a frigate arrived from Alexandria, with cholera sick on board. They were landed at the arsenal, and not five days passed before a case occurred in a patient from the military workmen's barracks, situated ten steps from the landing of the arsenal. Cases multiplied from this point to the shipping. The corvette Elsmir is first attacked, being nearest the barracks. It is towed to the outer port, but the disease continues. It is towed further off, but has planted the disease at the outer port. On the other hand the citizen workmen employed at the arsenal propagate the disease. At Keniyeny a considerable distance from the point of origin, is found a stone-mason from the port, dying the next day after his arrival.

"The progress of the disease the present season in New York is instructive. The dispersion of the emigrants from quarantine was marked with the advent of the epidemic in the city, and no cases occurred 'up town' till the escape of persons from Ward's Island, where the epidemic prevailed, and which is situated opposite that part of New York. The details of the progress of the cholera in 1849 around Chicago, as related by Professor Evans of Chicago, presents most extraordinary evidence of the contagiousness of cholera, but I forbear.

"The negative evidence should not be entirely passed over. One case: Dr. Marsden states that in 1832, the town of Three Rivers, on the St. Lawrence, midway between Quebec and Montreal, where steamers were in the habit of touching and landing and embarking passengers daily, established an impromptu quarantine, preventing any person from landing there during the prevalence of cholera, and not one case occurred there, while Quebec and Montreal numbered their dead by thousands, and the intermediate ports where landings were allowed suffered from the ravages of the disease. In this instance strict non-intercourse secured immunity from the pestilence.

"The maintenance of the opinion that cholera is only an 'epidemic' gives rise to pernicious ideas and aphorisms. Among them let me notice that which is in everybody's mouth; that well-behaved persons, temperate and careful, living in good houses and healthful locations, are not liable to the disease, excepting from gross imprudence on their part.

"Dr. Nelson says that in Montreal the cholera invaded the best houses, the most salubrious locations, and the very best class of citizens; and at that time tenement-houses were not known, almost every one living in his own house, with a yard around it; yet you know the mortality was fearful. Physicians and nurses were not unfrequently the victims.

"In St. Louis, in 1849 the mortality reached 180 in one day, in a population of about 40,000; and the greatest mortality was in the highest and most pleasantly situated part of the city. Seventeen practitioners of medicine fell victims to the disease. In Cincinnati, you will recall that some of our best people and physicians were slain. The victims of the scourge in the vicinity of Chicago were mostly of the best class of people. Must every poor victim of cholera have written, 'In Memoriam,' that he was low Dutch, or low Irish, or intemperate, or licentious, or a groveler in filth, or a suicide from imprudence?

"Another pernicious idea is, that all that is necessary is to disinfect the streets, alleys, vaults and rooms. So far, so good; but this is not enough if you would protect against new victims. The bedding, the linen, and the clothes should be *most efficiently disinfected*, or burned in the fire, and the excretions should be disinfected before they are thrown out. How many victims have fallen by the scourge, with no other exposure than through the 'effects' of cholera patients. Dr. Mulig states that of the employees of the Hospital, two washerwomen, who cleaned the linen of the cholera sick, were among the first attacked. The last case of cholera that occurred in the garrison, at Malta, of the late epidemic, was that of a woman who had stolen a chemise, the property of one who had died of the cholera. She put on the garment, took the disease and died.

"The case of the propagation of the disease by the contents of the carpet-sack of the Rev. Mr. Hughes, of Montreal, should be remembered in this connection, as also that of the family in the State of Maine, which was destroyed by cholera on opening the clothing of a sailor, who had died in a foreign port.

"In a village not far from Marseilles, in an isolated place, a peasant and his wife, who had not left the country, sickened and died of the disease. The woman was a laundress, had received a bundle of linen belonging to an individual recently arrived from Egypt, and the husband had opened the bundle and unfolded the pieces. The correspondent of the London *Medical Times and Gazette*, at Constantinople, writes: 'I can but think that the cholera was contagious. In one instance the clothes, mattresses, etc., of the sick were washed at a fountain, and, unfortunately, the water-pipe being broken, the foul water communicated with the clear, and in one day sixty people died at Tatavola, a small portion of the city which was supplied by the infected stream.' Along with this case may be mentioned the history of the Broad street epidemic in London, 1854, where the contents of the sewer had been percolating for months into a well which furnished the water for hundreds of persons to drink, and although cholera was present in other parts of London, there were no cases in this locality. A case, however, occurred from a person who had been where the cholera existed. By means of this sewer the excretions of the patient were mingled with the water of the well. Within three days, more than five hundred persons who used the water from this particular source were attacked. Dr. Snow removed the handle of the pump and the disease disappeared at once. You will also recall the opening of a chest in the ship New York, and the outbreak of cholera which followed.

"Another sweet morsel under the tongue of the non-contagionist is that there is a cholera atmosphere preceding the advent of cholera. Dr. Mulig, already quoted, says that in Constantinople there was nothing in the hygienic condition of the city announcing the epidemic of cholera when the vessels arrived having the pestilence on board. There was no cholera atmosphere on this continent when the Carricks arrived in Quebec; nor at Montreal till the Voyageur had carried there its dead and dying; none between the two cities till the localities were visited by persons at a much later period; never any at Three Rivers. There was none at New York, though one thousand cases occurred at quarantine, on Staten Island. None in New Orleans till the Swanton arrived. There is none ever where strict non-intercourse is secured. There was never a healthier season in New York than the present, preceding the advent of cholera, and the physicians can testify that, in this city, the condition of health was remarkably good before the cholera appeared. This notion of a preceding cholera atmosphere will be rejected as an untenable idea at no very distant day. The disease goes where it is carried. It may remain where it is carried for a considerable period, then be redeveloped.

"One of your honorable body informed me that on Sunday last he had a new case in a house on Fifth street, where five cases had occurred previously. No doubt the Sanitary Police had done its duty, had disinfected all that it was allowed to; but the beds and clothing remained, and the disease is redeveloped. In New Orleans the disease subsided in February, and was redeveloped with greater fury. In St. Louis, in Cincinnati, and in a multitude of other places, the same fact has been observed. It is a very pertinent question, why the development in the old localities? I have given sufficient indications of my view of the proper answer. The contact with bodies, living and dead, as has already been shown, is a source of the propagation of the disease. Let me add a couple of striking cases. At Summit, twelve miles from Chicago, were many cases of death from the disease, of those assisting in burying the dead. Let one suffice. Squire Brown was taken and died on the 28th of June. Mrs. Brown, who came to Chicago, was taken on the evening of the same day, and died early in the morning. Mr. Guthrie, her father, and Mr. Glashen, her brother-in-law, while taking the corpse to Summit for burial, in a close carriage, were both taken while crossing the prairie. The father died, the brother-in-law recovered.

"In this city, in 1849, the Rev. J. K. Lord and R. H. Stephenson, Esq., were the only persons to be found to lay out the remains of J. P. Cornell. Both gentlemen were taken sick. Mr. Lord died, and Mr. Stephenson recovered. You may ask what this has to do with bodies in metallic cases. Much, every way; for, admit the communicability from the 'bodies and effects,' and you will take good care not to run the risks of insecurity in metallic cases, or of damage in transportation to those that may have been at first perfectly tight.

"Permit me to recapitulate my propositions:

"There is no 'cholera atmosphere' preceding an epidemic of cholera.

"There is a specific cholera poison, essential to the development of the disease.

"The poison of cholera is communicable, portable, or contagious, whichever term is preferable.

"The poison strikes the poor and the rich, the spacious mansion and the hovel, *wherever it is carried.*

"It is communicated from the bodies, the clothing and the excreta of cholera patients, and when confined for a considerable time, is capable of reproducing the disease. Its power is sometimes overwhelming in the very best conditioned persons, and sometimes mild in the worst condition of sanitary police, though, as a general rule, it is controllable in proportion to the constitutional vigor. This being dependent on general hygienic conditions, the special habits of the person, ventilation, etc.

"If the foregoing propositions are sustained, the deductions are readily drawn, and their importance is manifest. I will simply name a few of them:

"1. That it is necessary to isolate cholera cases

"2. That the disinfection of all excreta, the moment they are thrown off, should be provided for.

"3. That the most unquestionable disinfection of bedding and linen, or destruction by fire should be secured.

"4. That the prohibition of the transportation, other than to the cemeteries, of all bodies dead from cholera is called for.

"My communication has been extended far beyond my original intention, but I have found it difficult to abridge this synopsis of the mass of evidence before me. I have drawn from Drs. Nelson, Marsden, Mulig, Evans, Sayre, Read, and others, and make no affectation of originality in the least particular.

"My very pleasant personal relations to you, gentlemen, and my great esteem for you, for your work's sake, preclude the possibility of my depreciating one iota the abounding labors of your Board, but while I would that *these* be done, I would not leave the other undone.

"I have the honor to be, very respectfully,

"Your obedient servant,

"W. H. Mussey."

CINCINNATI, Sept. 10th, 1866.

To the Board of Health.

GENTLEMEN: I had the honor to transmit to your rooms a communication upon the question of the "portability" or communicability of cholera, and I desire to add a few facts that I have learned since that date.

A Mr. Falrod died of cholera in Cincinnati. His father took the body to Portsmouth, Ohio. During the exercises in the church the father was taken sick with cholera and died the same night. A daughter was then taken and died. The mother also died. Another daughter who had taken care of the family, but had returned to the house where she resided, was taken sick and died the next day. There was no cholera at that time in Portsmouth, and these four cases of death are traceable to the case from Cincinnati.

A gentleman in Greenup County, Ky., had been in Louisville and returned home, having a diarrhœa. The night of his arrival, his wife was seized with the cholera and died the next day. She had not been from the farm for a long time, and had no communication with the outside world but by the return of her husband from a cholera region, having a *choleraic diarrhœa.* It is claimed by high authority, that persons hrving choleraic diarrhœa, can communicate the disease to others, though they may not die from the disease themselves.

A child named Kettle, nine years old, died a week ago last Sunday night on Elm Street, (in this city) west side, four doors north of the canal. At the funeral services on Monday, a playmate, the child of a Mr. Miller, (residing two or three doors from Mr. Kettle) kissed the corpse, was taken sick, and died of cholera on Wednesday.

I have no further comments to make, but beg to present with this, the report of the British Cholera Commissioners to Earl of Clarendon, of the deliberations of the Conference at Constantinople.

I received the accompanying slip from the *National Intelligencer*, Washington, D. C., of September 1, the very day after I had deposited my communication in the office of his Honor, the Mayor, and I present it as a very striking coincidence of views and expressions, and as expressing some points with more clearness. I have the honor to be,

Very respectfully, your ob't servant,

W. H. MUSSEY.

Reviews and Notices.

A Guide to the Practical Study of Diseases of the Eye; with an outline of their medical and operative treatment. By James Dixon, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields. From the Third London Edition. Philadelphia: Lindsay & Blakiston. 1866.

Dixon on diseases of the eye, has always been regarded as an excellent hand book for the busy general practitioner. Indeed, it does not lay special claim to anything more than this. We have before us a new American edition, from the Third London, and have examined it with sufficient care to learn that the author has made a pretty thorough revision of his book, and given to it something of a fresh arrangement of matter.

Throughout the volume Dr. Dixon has steadily borne in mind that he is only presenting an outline, or guide for practice, and indeed to some extent this seems to be a source of some embarrassment—for most of the important advances in Ophthalmic Medicine and Surgery, require a greater elaboration than a manual like the present will permit. In his preface he says: "I have endeavored steadily to keep in view the object with which I first undertook the work; namely to supply a useful guide to those commencing the study of Eye Diseases. In attempting this, I have chiefly described *outward* appearances, such as lie open to the view of the observer, and have said but little of those *subjective* symptoms which vary according to the peculiar susceptibility of individual patients."

In the consideration of Ophthalmoscopy, sufficient is said to convey a correct idea of the instrument and its applications to diseases of the eye. So too in other improvements and discoveries in the science there seems to be a full exposition of Ophthalmic progress.

In the matter of treatment our author professes only to have given brief suggestions—but we find that he has on most diseases given quite a full and satisfactory *resume* of the most reliable treatment of the present time. For beautiful and correct drawings of the conditions of the tissues in diseases of the eye, he refers to fine drawings of Liebreich.

The book is handsomely printed by the American publishers, and in every way we simply repeat our commendation of Dixon on Diseases of the Eye, as a desirable hand book for the busy general practitioner.

For sale by Robert Clarke & Co. Price $2.50.

On Spermatorrhœa; Its causes, symptomatology, pathology, prognosis, diagnosis and treatment. By ROBERTS BARTHOLOW, A.M.M.D., Professor of Physics and Medical Chemistry in the Medical College of Ohio, etc, etc. New York: Wm. Wood & Co. 1866.

Several articles on Spermatorrhœa were contributed for the *Cincinnati Journal of Medicine* during the early part of this year by Dr. Bartholow, and he has subsequently elaborated his views there expressed into the monograph, the title of which is given above. Every thing pertaining to the disease treated renders it in a scientific view an exceedingly interesting topic of inquiry; more especially in view of the fact that thus far it has proved so largely one of the opprobria of our art.

Says Dr. B. in his preface, and others have thought and said after like manner: "I think it is a reproach to our profession that this subject has been permitted in a measure by our own indifference, to pass into the hands of the unscrupulous pretenders, whose suggestive publications are amongst the crying evils of the times. Because the subject is disagreeable, and to a certain degree disreputable, competent physicians are loth to be concerned with it. The result of all this, of course, is that patients of this class for the most part find their way into the hands of irregular practitioners and ignorant specialists.

As is well known, the opinion of Lallemand was, that spermatorrhœa has its pathology in an irritation or inflammation—from various causes—of the prostratic portion of the urethra, and of the seminal ducts; and hence his treatment is chiefly local; consisting in the application of nitrate of silver to the presumed affected region.

Dr. Bartholow, however, maintains that the disease properly belongs to the *neuroses*, and thinks, according to the various pathological conditions present that we may recognize three groups—the genital, cerebral, and spinal forms of the disease.

"In the first, or genital form or phase, which is the most common, there are excessive sensibility of the sexual apparatus, and greatly increased reflex excitability of the cord."

"In the cerebral form, there are associated with the preceding condition certain disorders of the mind—melancholia, delusional insanity, and mania."

"In the spinal form the functional derangement of the cord is either excessive and pronounced, or has resulted in organic lesion."

In the matter of *treatment*, we do not understand Dr. B. to entirely discard the use of the porte caustic of Lallemand. He says there are two classes of cases in which it is indicated.

"1st. Those in which the chronic inflammatory changes exist as a complication of spermatorrhœa."

"2nd. Those in which the moral effect of the application is desirable."

He does not believe with Lallemand, however, that these prostatic lesions are by any means constant—but only accidental. Dr. B. decidedly condemns acupuncture—and rejects copaiba, cubebs, etc., as medicinal agents acting locally.

In addition to such remedies as are intended to build up the health, anaphrodisiacs may be employed.

The bromide of potash is particularly lauded as an important agent of this character. An article giving the author's experimental researches with this drug may be found in the November number of the *Lancet and Observer*, 1865.

Where there is great atony, relaxation and profuse mucous discharges, our author thinks the opposite class of remedies indicated—as cantharides, nux vomica, galvanic currents, etc.

We have not analyzed this little book very minutely, but we think our readers will get a clear idea of its character from what we have presented.

This little book by no means takes the place of the more elaborate treatise of Lallemand on the same subject, but is perhaps with propriety presented on account of the differences of opinion expressed with that well known authority.

For sale by Robert Clarke & Co. Price $1.00.

Epidemic Cholera ; Its pathology and treatment. By A. B. PALMER M.D., Professor of Pathology and Practice of Medicine, etc., in the University of Michigan and in Berkshire Medical College.

This little pamphlet is a reprint from contributions to the Detroit Review of Medicine and Pharmacy. It is a well written and sensible contribution to the literature of cholera; and much that he says we are prepared from recent experience to assent to; but we look through its pages in vain for anything new or particularly suggestive, more than has already been said a great many times, either upon the nature or treatment of the disease.

The Physician's Visiting List for 1867.

Lindsay & Blakiston's invaluable pocket visiting list for next year is already on our table. It is well known to most of our readers. Price for leather tucks, is $1.25, $1.50 and $2.50.

For sale by Robert Clarke & Co.

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— Among the victims of cholera in Paris are three physicians, M. BERARD, proprietor of the *Gazette de France*, M. CHAUSSIER, a son of the celebrated surgeon, and M. GIBERT, one of the physicians to St. Louis. The latter was strongly opposed to the general opinion, that cholera is preceded by premonitory diarrhœa, and may be almost said to have fallen a victim to his persuasion; for he suffered several days from relaxed bowels, which he refused to treat medicinally. Dr. ANSELL, of Bow, England, has also fallen a victim tn cholera. —*Medical and Surgical Reporter.*

Editor's Table.

The Cincinnati Academy of Medicine.—This Institution has resumed its sessions, and commenced its regular discussions for the winter. We hope to be able to give our readers regular abstracts of the proceedings again, commencing with our next number. These reports of the Academy have been received with a great deal of favor by the profession, and although we can not present full phonographic reports of the discussions, and cases, yet we shall endeavor to give as much space as will be consistent with variety in other departments.

Thus far much of the time of the meetings has been occupied with an interchange of experience on the late Cholera epidemic. Dr. Bartholow gave some verbal reports of post-mortem appearances observed by him; and Dr. Mussey's letter to the Board of Health was read and commented upon. Dr. Mussey's communication, which we print elsewhere, gives a strong array of facts in support of the theory of *portability*, and was strongly attacked by Dr. Richardson and Dr. McIlvaine. Dr. Thornton made a sensible suggestion that we hope will be observed by the Academy in its further consideration of Cholera, viz., that each member make out an actual abstract of the cases he attended, his treatment, and the results. In a word, let us try and accumulate *facts* from the late visitation allowing theories to shift for themselves.

The Miami Medical College is receiving the last touches of the carpenters and painters, and lectures will be in progress in the new edifice, before this number of our journal reaches its readers. The prospect for a large class is good, and the Faculty would be false to themselves if they were not fully alive to the flattering circumstances which surround them, and give earnest of their prosperous future. With an unusually full corps of teachers, abundant clinical advantages, a new and convenient edifice, and every kind of material for illustration, the Faculty will spare no labor or expense to make this one of the leading schools of medicine in this country.

Return of Prof. Williams from Europe.—Dr. Williams has returned from his summer's sojourn in Europe, and is already hard at work in the usual round of office and hospital labor. He is in the enjoyment of robust health, and seems ready for a winter's campaign of solid duty, both in his private professional affairs and in his duties as a public teacher

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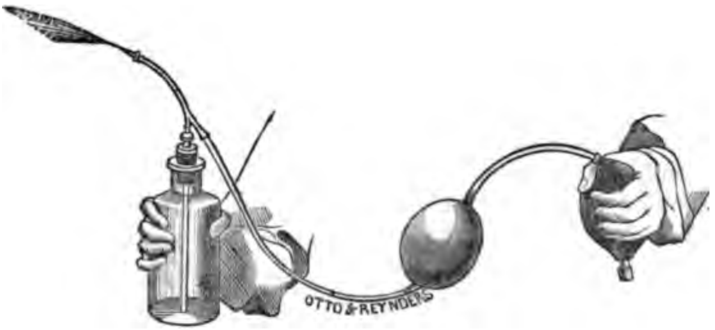
Local Anæsthesia by Richardson's Spray Producer.—One of the most delightful inventions among the many important improvements in modern practical medicine is the production of local insensibility to pain. We give below a cut illustrative of the spray producer of Richardson which is now generally used for the production of local anæsthesia.



This form of the apparatus is the modification kept for sale by Messrs. Otto & Reyders, of 64 Chatham Street, New York—an establishment keeping on hand all the important novelties in surgical appliance.

As described by Dr. Richardson in his paper to the ***Medical Times and Gazette***: "The apparatus consists simply of a graduated bottle for holding ether; through a perforated cork a double tube is inserted, one extremity of the inner part of which goes to the bottom of the bottle. Above the cork a little tube connected with a hand bellows, pierces the outer part of the double tube, and communicates by means of the outer part, by a small aperture with the interior of the bottle. The inner tube for delivering the ether runs upward nearly to the extremity of the outer tube. Now when the bellows are worked, a double current of air is produced, one current descending and pressing upon the other forcing it along the inner tube, and the other ascending through the outer tube and playing upon the column of ether as it escapes through the fine jet." A series of jets modifies the volume of ether; and special fixtures in the apparatus adapt it to different structures. With this apparatus the temperature of any desired part is reduced to a condition of insensibility to pain, in a few seconds, enabling the surgeon to perform some of the most formidable operations. Under the anæsthetic influence of this application, the Cesarean section has been performed, operations in dentistry and a great variety of surgical operations of a painful character, with as absolute an exemption from sensation as if under chloroform, but with complete consciousness of every stroke of the knife. Upon the suggestion of Dr. Bigelow, of Boston, most surgeons are now using rhigolene as a substitute for ether, and with more prompt and satisfactory results.

We observe that Mr. Max Wocher, of this city, has received a number of Richardson's spray producers, as well as various other interesting novelties in his line, as for instance, bougies of the laminaria digitata, tents of the same substance for dilating the os uteri, and other articles of interest to the profession.

Surgeon-General Barnes.—Amongst the Presidential party which recently made a Western tour, was Surgeon-General Barnes. We regret to notice that he was so dangerously ill at Chicago, as to render it necessary for him to stop in that city, and Assistant Surgeon-General Crane was dispatched for, to assume his immediate attendance.

The Medical College of Ohio.—As we learn from the *Cincinnati Journal of Medicine*, this School anticipates a full class the present session. The Trustees of the College have wisely taken a step forward in accordance with the progressive spirit of the profession, and established one new chair—that of Ophthalmology and Aural Surgery—to which Dr. W. W. Seely has been elected professor. Dr. Seely is well known in this city as a gentleman of promise—having for some time been the assistant of Prof. Williams in his office practice, and also assisting in the dispensary clinics of the Miami Medical College.

American Pharmaceutical Association.—This body met on the 22d of August in Detroit, Mr. H. W. Lincoln, of Boston, presiding. The usual amount of interesting pharmaceutical discussion was had upon reports and queries presented to the Association. We have not time to give any review of the proceedings. We observe, however, that Mr. F. Stearns, of Detroit, was elected President for the ensuing year, and Mr. J. M. Maisch, of Philadelphia, was continued Permanent Secretary.

The University of Louisville.—The difficulties heretofore alluded to in the organization of this school, have been settled as we learn by merging the Kentucky School of Medicine into the medical department of the University, the Faculty of the Kentucky School accepting, as a body, positions in the new arrangement.

Medical Department, University of Nashville.—Dr. Jones, late Professor of Chemistry in the Medical College of Georgia, has accepted the chair of Pathology in the University of Nashville.

Practical Anatomy Extraordinary!—In a recent letter from Gotham to one of the dailies of this city, we clip the following. We are somewhat at a loss whether our neighbors of Bellevue Hospital Medical College have been engaged in a general resurrection business for Western trade, or have bribed this newspaper scribbler to advertise their wonderful enterprise by this remarkable sensation item. At any rate, we trust they will confine their "operations" hereafter to *three hundred* "stiffs" per annum, and not so far transgress the law as to "convert five hundred corpses into *disjecta membra.*" There is reason in all things!

In a quiet way there has been quite an excitement extemporized over the discovery that the doctors up at Bellevue Hospital have been doing a land-office business in the line of body-snatching. To be sure the law of the State gives them permission to cut and carve away, at their own sweet will, upon pauper bodies, for dissecting and clinical purposes—so long as they don't use up more than three hundred "stiffs" per annum. But recent developments seem to prove that the heartless and extravagant sawbones have been going far beyond the legal limits—as many as five hundred corpses having been turned into *disjecta membra* the past year. The circumstance was brought to light by the too frequent impossibility of getting favorable responses when relatives of the poor deceased appeared to claim the bodies for decent burial. This might have naturally happened once in a great while; but when, day after day, such applications were met by a cool obliviousness of the whereabouts of the body sought for, the thing became played out and complaints began to assume voice and importance. There is now a prospect of an investigation into this abominable abuse, and, at all events, the youthful doctors will have to be more economical in the use of this particular means of scientific grace.

Unequal Justice.—The following remarks were lately made by the Judge sitting at the Old Bailey to a prisoner convicted of receiving money on false pretences, the pretence being that he was an attorney. The sum received was altogether only £47, and the prisoner obtained it by pretending that he would conduct some Chancery business for the prosecutor. The Judge's speech shows the severe manner in which our law punishes a man for pretending to be an attorney, while it does not punish him at all for pretending to be a physician or a surgeon. The law evidently supposes that it is a criminal act for a man to presume to conduct a lawsuit without possessing a legal qualification, but that it is quite immaterial for an unqualified man to pretend to cure diseases and to defraud the public of their money under this pretence. The quack attorney, it will be seen, is utterly ruined, his wife and children are reduced to beggary, and he is (as a lenient sentence) imprisoned and kept to hard labor for four calendar months; the quack doctor, under precisely similar circumstances, would have been triumphantly acquitted, under the direction of the judge, and on his retirement from the dock would have been, in all probability, received with shouts of acclamation by the multitude.—*The Medical Press and Circular,* Feb. 7, 1866.

— A new uniform has just appeared on the Italian field of battle—that of members of the International Association for Succoring the Wounded, who wear those words inscribed on their hats, and have, as a distinctive sign, a white band with a red cross around their arm. —*Medical and Surgical Reporter.*

— Prof. Procter, the editor of the *American Journal of Pharmacy,* has resigned the chair of Theory and Practice of Pharmacy, which he has filled for twenty years at the Philadelphia College of Pharmacy. The students have presented to him a splendid tea-service as a testimonial of their appreciation of his long services and eminent acquirements.—*Ibid.*

American Medical Association.—The Committee on Prize Essays request that all communications to be submitted to them, be sent to their Chairman, before the 15th day of March next, accompanied by a sealed envelope containing the name and address of the author.

The Association offers *two* prizes of *one hundred dollars* each for the best two essays on any subject connected with the Medical Sciences.

F. DONALDSON, Chairman.
W. CHEW VAN BIBBER.
JOSIAH SIMPSON.
EDWARD WARREN.
C. C. COX.

BALTIMORE, June 25, 1866.

N. B.—Medical Journals will please insert the above.

JOKES FOR THE CRAFT.

A Clergyman's Prescription.—The *Pall Mall Gazette* informs us that "a little while since it was announced by a clergyman that 'a glass of sherry, with a biscuit, at 11 A.M., half a pint of bitter ale at an early dinner, and another glass of sherry in a cup of arrowroot at supper.' would be found efficacious in the prevention of cholera *among the laboring classes*!" A bottle or two of champagne at dinner is also recommended to the English "laboring classes ! !"

Medical Humor.—At a late medical dinner in London, Sir Charles Locock. who had been nearest to the Queen in some of her most trying moments, was facetiously toasted as the "earliest friend" of the rising members of the Royal family. He was also congratulated on the honors he had attained after numerous and arduous "labors." —*The Medical Record.*

A Worm-Lozenge Vender and Dr. Budd.—The *Western Mercury*, quoted by the *Dublin Medical Press and Circular*, gives the following account of a scene in Carlington market:

"On the last market-day in the quiet town of Carlington an amusing scene occurred. It appeaas that one of the gentry who vend worm-lozenges—worms being of course at the root of all diseases—was expatiating on the virtues of his nostrums, and in relating instances of their curative powers, he mentioned with no small delight a case in which he had been the means of saving the life of a patient of the greatest physician in the West of England, Dr. Budd, who had dismissed the patient as incurable. Unfortunately for the quack, 'the greatest physician in the West of England' was passing near his stall at the time, and hearing his name mentioned was naturally arrested at the sound, and listened. The Doctor's temper was aroused, and just saying, 'Let me get at him,' then and there administered sundry kicks on the nethermost person of the unfortunate quack, which had the effect of putting him *hors de combat*. Roars of laughter greeted this onset of the valiant doctor, in the midst of which the vender beat a hasty retreat. The doctor enjoyed the scene as much as the bystanders, and related the circumstance with much gusto many times during the day."

Obitual Record.

Death of Dr. Browning, of Mt. Carmel, Ky.

DAYTON, OHIO, Sept. 12, 1866.

MY DEAR DOCTOR:--I am just at home from the burial of my lamented brother, Dr. W. G. Browning, of Mt. Carmel, Ky., who died of Epidemic Dysentery, on the 4th inst. You have long been familiar with his name as a prompt subscriber, and occasional contributor to your valuable journal.

To those of his immediate charge, no eulogy is necessary. His professional and social worth have been demonstrated during a period of twenty years or more, over a field of labor surpassed in extent by few, and his memory, around which cluster so many acts of signal service, will remain fresh and green during the life of those for whom he labored so long and well. Acting through life, in all its relations, upon the principle

> "To thine own self be true,
> And it must follow, as the night the day,
> Thou cans't not then be false to any man,"

he achieved the measure of his earthly ambition, and died an accomplished phyeician, a good citizen and an honest man.

To the profession it is our pride and pleasure to present in him an evidence of the success attending energy and weil directed effort. A man of decided purpose and sterling integrity, his term of probation was short. Adding to *nerve*, a liberal education and cautious turn of mind, not given to the credulous nor adopting novelties without consideration; well read on general matters and up to the last improvement in his own calling, he early secured, as if by consent, the front rank of his profession in his section of the State.

A devotee at the shrine of professional knowledge, he fell a victim to his own ardor, and died in the discharge of his duty.

Very truly yours, A. G. BROWNING, M.D.

Death of Dr. John Dawson, of Columbus.

Dr. Dawson, late Professor of Anatomy in the Starling Medical College of Columbus, died suddenly on the 4th of September ult. Dr. Dawson was well and favorably known in this State, and occupied a high position in the profession in his adopted city. The following is the action taken by the profession of Columbus.

PHYSICIANS' MEETING—RESOLUTIONS OF RESPECT.

At an adjourned meeting of the Physicians of the City of Columbus, held at the office of Dr. William Trevitt, on Wednesday, the 5th inst., the following resolutions were unanimously adopted:

The undersigned who were ordered to report to this "adjourned meeting of Physicians" resolutions expressive of the character and talents of Dr. John Dawson, of this city, recently deceased, and their sorrow at his sudden and unexpected departure from our midst, beg leave to make the following report:

"Whereas, We, the Physicians of this city, having learned with profound regret of the untimely and unexpected demise of our lamented friend and brother, Dr. John Dawsom, of this city, and late Professor of Anatomy in Starling Medical College, take this painful occasion to express our high appreciation of his virtues as a scholar, physician and citizen, in all of which relation he sustained an enviable character and well earned reputation. Having resided in this city since 1821, and known to the profession generally for the fourth of a century as an able, accurate and vigorous writer, he was regarded as a man of no ordinary mind, and of just clains to eminence and distinction in his profession.

"Persevering, patient, and of indomitable energy in his studies, with a mind well attuned to philosophic thought and systematic observation, he at length reached a position, of which he might well be proud, and from whose heights he might look down the rugged steep he had climbed so successfully, and review with satisfaction the difficulties he had encountered, the toils endured, and obstacles surmounted, though little dreaming that his labors were so soon to close on earth forever.

"As a physician, he always enjoyed a large and lucrative practice, whilst his ample experience and sound judgment in any of the departments of his profession won for him the esteem and confidence of all who sought his counsel or received his ministrations.

"Prompt to obey a call, he was ever ready to dispense the blessings of his art wherever the cries of sickness and sorrow or the pangs of distress called for its illuminating influence, his was the alacrity of feeling to 'soothe the afflicted spirit and bind up the broken heart.'

"As a citizen, husband, father or friend, he professed those virtues which ennoble human life or impart dignity to human actions, and in each of these varied relations his loss will be keenly felt.

"In view therefore ot the just estimation in which we hold th memory of our lamented and deceased brother, and our deep sympathy with his bereaved family and the stricken community of which he was an honored part, therefore,

"*Resolved,* That in the death of Dr. John Dawson, we deeply mourn the loss of an eminent scholar, teacher and physician, and the community a zealous, valued and active member.

"*Resolved,* That we herewith tender the family of the deceased our united and sincere sympathy and condolence in this afflictive dispensation, and in this their hour of anguish and bereavement. of a devoted husband and kind and indulgent parent, we commend them to the care and mercies of that 'Being' who hath promised to be 'a father to the fatherless and a friend to the widow,' and who hath appointed 'unto all men once to die.'"

Geo. W. Maris, M.D.,
William Trevitt, M.D.,
S. M. Smith, M.D.,
J. B. Thompson, M.D.,
Com.

On motion, it was

"*Resolved,* That a copy of these proceedings be published in the city papers, *The Cincinnati Lancet,* and that a copy of them be furnished the family of deceased."

Wm. Trevitt, M.D., President.

R. M. Denig, M.D., Secretary.

Brevet Lieut.-Col. James Madison Study, M.D.

Died, in Memphis, Tenn., on Friday evening, August 31st, after an illness of four days, of Cholera, Brevet Lieut.-Col. James Madison Study, M.D., in the 31st year of his age.

Dr. Study graduated in the Medical College of Ohio in Cincinnati, in 1859, and spent the following year in the Commercial Hospital in that city. In the spring of 1860 he came to Richmond, Ind., and remained here in the practice of his profession until he went into the service in the spring of 1862. For the first year he was attached to the Hospitals in Nashville. In 1863 he was appointed Assistant-Surgeon, with the rank of Captain, and placed in charge of two U. S. A. Hospitals in Memphis, the Adams General Hospital and Officers' Hospital, and continued thus until the close of the war; having been, in the mean time, promoted to a Surgeoncy with the rank of Major, and subsequently breveted Lieutenant-Colonel.

He resigned in November, 1865, and spent last winter in New York, among the medical institutions of that city, taking an *ad eundum* degree in medicine from the College of Physicians and Surgeons, in March last. Having resolved to settle permanently in Memphis, in private practice, he paid his friends here and in the vicinity, a brief visit early in the spring, and went directly to his future home. There he had already obtained an excellent practice and established an enviable social reputation among the loyal citizens of that city. When the present epidemic of cholera invaded Memphis, the authorities appointed Dr. Study to assist in the administration of the sanitary affairs of that city; when, alas! himself was so soon taken one of the victims of the pestilence—a martyr to his public professional duties.

During his residence in this city, Dr. Study was remarkable for his urbane and gentlemanly deportment, his professional integrity, and his extraordinary freedom from the vices that so frequently stain the moral character, mar the social purity, and sap the foundations of health, in young men of his position and associations; and he maintained this enviable status throughout the years of his service in the army, and during his residence in the South. He became a member of the Episcopal Church in this city, and died within the pale and under the rites of that Church, in Memphis, in the full faith of a Christian going from the brief trials of earth to the everlasting joys of Heaven. H.

[Dr. Study was well known to many of this city who will learn of his decease with sorrow. We notice that the Board of Health of Memphis, of which Dr. Study was a member, adopted suitable and complimentary resolutions, and the city papers speak of his decease in terms of warm regard for his personal and professional virtues.—Eds. L. & O.

James W. Maxwell, M.D.

Died, April 9th, 1866, at his residence in the town of Medora, Jackson County, Ind., after a short illness, of hæmorrhage from the bowels, James W. Maxwell, M.D., a devotee and probably a victim to the science and practice of his profession, and an exemplary and loyal citizen.

Dr. Maxwell was a native of Sullivan County, Ind., was born on the 14th of November, 1836, and was an efficient member of the medical profession. He graduated at the University of Louisville in the year 1861, and located at his place aforesaid in the month of March, 1862. He married in this vicinity in the winter of 1863, and dying, left a wife and infant daughter, many relatives, professional brethren and friends to condole for the seemingly untimely dispensation of Providence.

C. T. Wilson.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Communication from A. D. Williams, M.D., Cincinnati, Ohio.

Treatment of Keratitis and Ulceration of the Cornea.—Inflammation of the cornea is called *Keratitis* or *Corneitis*, and has an indefinite number of varieties according to the individual notions of different authors; all of which I must pass over here, as the essential local and constitutional treatment of all is very much the same, if not the *very* same. Keratitis is frequently used synonymously with ulceration of the cornea, from the fact that it is *always* preceded and accompanied by inflammation of the same. It would be proper, therefore, to say that keratitis is the *first stage* of ulceration of the cornea, although this does not follow *every* inflammation of the cornea. Properly speaking, that is, speaking after the notions of late writers upon this subject, keratitis is applied to inflammation attended by infiltration into the substance of the cornea. If this process of infiltration continues till it leads to abrasion, destruction, or loss of substance of the superficial layers of the cornea, then it is called, with good propriety, *ulceration* of the cornea.

But *practically* considered, that is, with respect to the treatment these two diseases may be regarded as different *stages* of the same disease; for the treatment of both is very *similar*, if not *identical*, and to their proper treatment I desire particularly to speak here. I pass over the well known symptoms and leave the diagnosis to the professional skill of those who have to treat the disease. There is no part of Ophthalmology on which so much bad advice has been given, as upon keratitis and ulceration of the cornea. First of all I refer to *pure* keratitis in its first stages of development, and uncomplicated with trachoma, pannus or anything of that kind. As to the treatment the first thing to be observed is to avoid altogether the use of all irritants. Everything, that smarts or burns when it goes into the eye, is an irritant and should be discarded at once, as not only injurious but really dangerous in corneitis. There is a wide spread notion that nitrate of silver, for instance, is a kind of *specific* in the treatment of keratitis and ulceration of the cornea and certainly nothing could be more foreign to the truth. There is no remedy that actually does more harm in the whole range of Materia Medica than lunar caustic in the treatment of this disease. The first great rule therefore is, to avoid most scrupulously the employment of every thing that irritates when applied or dropped into the eye. The contrary of this will give use the second rule to be observed : Use only those remedies that soothe and allay irritation in the eye. And, as might be inferred from the fact that they are the opposites of the irritants, they will not produce any pain whatever when applied to the eye.

The first and best of all remedies of this class now known to Ophthalmologists is the sulphate of atropine in solution (4 grs. to the ounce for adults) This should be dropped into the eye from three to five times a day and continued until the eye is well, that is, until the inflammation and irritation have completely subsided and the eye has regained its natural appearance. If we can rely upon any one remedy in the treatment of corneitis, it is upon the sulphate of atropine. And just here be it observed that it is always necessary to caution patients in regard to the peculiar effects of this medicine. In cases of children tell the patients or nurses that they must not let the medicine run into the mouth when they drop it into the eye. Its constitutional effects must also be guarded against. When the face gets quite red and the throat very dry, causing the patient considerable distress, then the atropine must be stopped for a short time or used less frequently till these symptoms pass off. Infants particularly are very susceptible to its influences, and consequently the parents should be well instructed in the matter. The strength of the solution for infants should never be stronger than one grain to the ounce. The four grain solution very rarely affects grown persons unpleasantly. When it does so, the chief complaint will be of *dryness* of the throat and inability to swallow. This soon passes off when the medicine is discontinued. Patients must be told also that the atropine will dilate the pupils, and confuse the vision considerably, if it is not already very much obstructed by the disease. If this precaution is not taken, patients will often become very much alarmed and accuse the doctor of putting their eyes out with some kind of a wash. It not unfrequently falls to the lot of an eye surgeon to listen to such a charge against physicians from patients. A little precaution will prevent all such unpleasant incidents. The patient must wear a shade over the eye so long as he uses the atropine. Particularly is this necessary when he goes out into the bright light. Against the *glare* of the bright sunlight they must be protected in some way. With children it does not matter so much, unless they have severe photophobia. Then their eyes should also be protected in some way from the severity of the bright light. The eyes of adults or of children should never be bound up tightly with a handkerchief or cloth of any kind; but should *always* be left free, so as to allow a free circulation of air about them. Keep the bright light out, but let the air in so as to make the eyes feel cool and pleasant. Patients should *never* be shut up in dark rooms. This is very injurious to general health as well as to the eyes.

The atropine solution of course should *be perfectly pure*; if not pure, it will cause pain. Then it becomes an irritant and should not be used at all. The next best remedy to the sulphate of atropine is the sulphate of morphine in solution from four to six grains to the ounce. This should be dropped into the eyes from three to five times a day as in the case of atropine. It is an anodyne and slightly astringent application and acts very pleasantly upon inflammations of the cornea, but by far not so gently and favorably as the atropine. It is a common custom with me and I think good practice to combine the two in about equal proportions, generally from three to four grains each to the ounce and to be dropped into the eyes from three to five times a day. It has long been a theory that morphine acts as an antidote to the poisonous effect of atropine and *theoretically* prevents to some extent the poisonous effects of the latter upon the system. But this theory is now given up by leading oculists and from my own observations I do not believe there is even the shadow of truth in it. Opium is now no longer considered as an antidote to the poison of belladonna, so far as I know. But by combining these two powerful anodynes we certainly can produce a more powerful anodyne effect in the eye than with either alone. And whatever will produce the most powerful anodyne effect with the least irritation is the most indicated remedy in the treatment of this disease.

Besides the well known power of atropine to allay pain and particularly that arising from diseases of the cornea and iris, it seems to have some *specific effect* in inflammations of these two structures. In what this consist or how atropine can or does produce such an effect is more than I can say at present, but every ophthalmologist, who has used it much and has closely observed its effects in such diseases is ready to acknowledge the fact.

On the contrary, morphine acts only, in my judgment, by virtue of its anodyne property in relieving pain and irritation. It may not be generally admitted, still I firmly believe that opium or morphine is one of the most powerful antiphlogistic remedies known to therapeutics.

All that can be done in local treatment of pure keratitis, can be accomplished by the skillful use of these two common remedies. And I may safely say that they will positively cure a very large majority of all such cases. I do not mean to say that other things are not necessary, but that these are the *leading* remedies. The general treatment indicated depends upon an infinite number of circumstances. Nearly every idiopathic keratitis is an asthenic inflammation, and consequently all the remedies, directed to the system at large, must be *tonic* in their nature. To particularize, I do not think that I can too strongly recommend the employment of sulphate of quinia in small doses three times a day. It certainly has a decided, if not direct, effect upon keratitis and particularly is it true of this disease in children. If the patient is scrofulous, as is nearly always the case, and specially, if miasmatic influences have anything to do with it; or, if the patient is much debilitated and has a poor appetite, then quinine is decidedly indicated. It should be continued till a marked improvement in the disease is observed and then replaced by some preparation of iron, which must be used regularly till the cure is effected.

What is generally understood by "antiphlogistic treatment" and "restricted diet" should never be recommended in inflammations of the cornea. The truth is that such a course does positive harm. Keratitis is not the kind of inflammation to yield such treatment, but, on the contrary, it is usually aggravated by it. This observation is verified nearly every day not only in this city, but elsewhere.

The German and French authors are very fond of rubbing a mercurial ointment together with extract of belladonna in and over the eyebrows four or five times a day. From my observation I do not think that it amounts to any thing more than a great annoyance to the patient. I never prescribe it therefore, and have never seen it used in this country.

I have thus far spoken mainly of keratitis proper and, as above remarked, wish it to be understood that what is true of it so far as the treatment is concerned, is also true of ulceration of the cornea. What I have said therefore of inflammation of the cornea is also applicable to ulceration of the same. In addition, however, be it observed that in deep ulceration of the cornea where there is a great probability of its perforating the entire thickness of the cornea, Paracentesis cornea is frequently resorted to and with the very best results. The aqueous humor is thus evacuated and the tension of the eye ball lessened temporarily, under the good effects of which the ulcer frequently begins to heal and thus a penetration of the cornea by ulceration is avoided, which is always very desirable, as a prolapse of the iris and its long train of bad consequences may often be prevented. Puncture of the cornea is sometimes, though rarely, resorted to in simple inflammation, where the infiltration is disposed to lead to the formation of a corneal abscess. In general terms it is advisable always to puncture the cornea rather than allow the ulcer to perforate it. Where it is indicated at ail, the puncture should be repeated every day till the ulcer begins to heal nicely. The paracentisis, moreover, is almost a certain means of relieving the terrible suffering in such cases and for this reason alone it is often advisable to make it.

The constitutional treatment in ulceration is the same as in keratitis.

Finally, it can not be too strongly impressed upon the minds of those who treat affections of the cornea, that the *one* fundamental principle in the therapeutics is ; *never use irritants, but always employ anodynes or soothing remedies.* It should always be borne in mind that whatever hurts or burns, considerably does harm. After the cornea ulcers have completely healed, then it is necessary to use irritating substances to clear up as much as possible the opacities which they leave.

But I must refer to a particular form of keratitis, which requires a different or rather a little additional treatment to that recommended above. I have reference to what is called *suppurative keratitis.* It is characterized by the large amount of rather unhealthy pus formed, which fills frequently almost the entire anterior chamber, giving rise to what is called *Hypopium.* This pus *seems* to be secreted from the membrane of Descemet, which lines the internal surface of the cornea. It produces usually very little, if any pain. This fact is a distinguishing characteristic of the disease. It is the best type of asthenic inflammation I ever saw. The whole cornea seems disposed to *slough* away—to *melt down* into pus. As would be inferred, those persons whose systems are reduced to the lowest degree of vitality, are the subjects of this form of keratitis.

The treatment indicated in addition to that recommended above is the repeated application of moist warmth or rather moist heat to the eye. The heat should be as nearly uniform as possible and should be kept up for four or five hours during the day and should be applied particularly at night, when the patient goes to bed. As a source of the necessary heat, I am in the habit of directing the use of hops dipped into hot water. The hops retain for a good while almost a uniform temperature, besides they have a soothing effect where the eye is painful. This treatment by moist heat excites the parts to a healthy action, and the pus is rapidly absorbed and the cornea soon begins to clear up. After the application of heat in this way, the patient should be directed to apply fresh cotton to the eye and then tie a handkerchief over it and thus keep it warm. In this comparatively painless form of keratitis, puncture of the cornea is not so much indicated, still it is sometimes made but with less perfect results.

In the last few days I have received a letter from a physician in the Wabash Valley, Indiana, where it is said this form of disease prevails to a considerable extent, stating that he and his colleagues in that part of Indiana were treating keratitis and ulceration of the cornea with the usual nitrate of silver, and asked for a synopsis of the best and most approved treatment of this disease. This letter has induced me to write this short communication upon this subject. My next communication will be on the treatment of keratitis and ulceration of the cornea in connection with its various complications.

MODIFIED LINEAR EXTRACTION.—BY E. W.

It will be remembered that a few months ago, one of our correspondents gave a description of this operation, which is also called Graefe's method. Very recently Prof. Graefe's monograph has been translated into French, with an appendix by himself, in which he gives his experience since the first publication. He says that his observations have now trebled themselves and fully confirm the favorable account which he first gave of it. In the situation and form of the sclerotic incision he follows the rules first given, but insists more upon the necessity of excising the iris extensively so as to allow no part of it to be strangulated in the angles of the wound.

The exit of the cataract has been effected, in the last eighty cases, exclusively by the sliding maneuvre with the curette. He is convinced that this maneuvre, well executed, will accomplish the evacuation of the lens, even in the hardest cataracts. The incontestable advantages of this method over the introduction of the hook are: 1. The continuity of the crystalline lens is less disturbed, and consequently the cortical comes away more completely with the nucleus, and less subsequent manipulation is necessary. 2. The diminished risk of rupturing the membrane of the hyaloid fossa and thus causing escape of vitreous. In the last eighty cases consequently, he has had escape of vitreous only in five—making 6,25 per cent. instead of 14 per cent. as before. The superiority of the sliding maneuvre over the hook, however, for *all cases*, is not yet fully confirmed, but for the immense majority, it certainly is. While in cataracts with soft cortical, the first movement of rubbing causes the edge of the nucleus to engage in the wound, hard cataracts require several repetitions of the maneuvre and more perseverance to attain the same result. He now recommends that the maneuvre with the scoop should be patiently tried *in all cases*, instead of restricting it to those of soft cortical as first advised. He hopes that the restriction of traction instruments to a very limited number of cataracts or the abandonment of them altogether, will constitute a new step in advance. Certainly if the cataract could always be *completely* removed cortical and nucleus, without the introduction of *an instrument* into the eye, there would be much less risk of iritis and the *proliferation* (swelling and multiplication) of the intracapsular cells which so often compromise the results of cataract operations.

Is modified linear extraction destined to supersede the flap operation? It is highly probable it will. The author of it says: "As for me, since the day on which I executed for the first time, the operation recommended, I have not taken the old cataract knife in my hand, and I can not now conceive any circumstance which could induce me to return to it, so remarkable are the advantages of the new operation. They consist, on the one hand, in its admissibility for *all forms* and *all phases or stages* of cataract; and, on the other, in its relative independence of local conditions, of the constitution of the patient, and of external circumstances."

In Paris I saw Dr. Liebreich perform this operation three times. In only one of the cases did the cataract escape without the introduction of an instrument. For the other two he was obliged to use a scoop and there was considerable loss of vitreous in both. As he terminates his incision in the cornea and uses a scoop, the operation is rather Waldau's than Graefe's method. Still his results, as I saw them in many cases previously operated upon, appeared very satisfactory. During my absence, Dr. Seely and Dr. A. D. Williams, my former assistants, both performed modified linear extraction, with the most gratifying success.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Quinine a Constituent of the Body.*—It is too soon to say that chemists have discovered that quinine is a natural constituent of the body; but they have found in the textures of the body of the guinea-pig a substance which they find it hard to distinguish from quinine. The discovery came about in an unexpected way. Dr. Bence Jones and Mr. Dupre were making experiments with a view to ascertain the rate at which substances passed into and out of the textures. They chose quinine because of its effect, or rather effect of an acid solution of it, upon light. Quinine was given to one guinea-pig and withheld from another. Both were killed. The organs and tissues of each were subjected to a process of heating in a water bath with a very dilute sulphuric acid; and from the tissues of the one that had not taken quinine was extracted a fluorescent substance, the solution of which acted on the spectrum almost precisely as the solution of quinine. Not only by the mode of its extraction from the tissues and its behavior towards light was this substance not to be distinguished from quinine, but in its chemical reactions with various other substances it very closely resembled the alkaloid of cinchona. For the present it has received from the above gentlemen the name of Atnimal Qnioodine, and is supposed by them to be one of the earliest products of the downward passage of albumen.

It will be very remarkable if organic chemistry does not confirm this discovery, and assure us of the existence of a substance in the human body not to be distinguished from quinine. We have not much confidence yet in organic chemistry as an exponent o f physiological and therapeutical facts. But this is merely because of its imperfection: and we can not doubt that as it becomes more perfect it will diminish the number of facts which do not admit of explanation. One of these at present is the action of quinine in the cure of ague. This is almost the only specific we have; and, in its unique isolation, it has always been curiously regarded by scientific physicians. We ourselves have been at a loss whether to regard it as an earnest of other specific remedies yet undiscovered, or to view the fact of their being one specific remedy as [so to speak] a mere accident, not justifying the hope that disease generally was ever destined to be treated and cured by specifics. Of course there was always the possibility of some explanation of its action being given; and already it seems possible that we are close upon it. Chemistry may be about to show us that quinine acts by supplying artificially a natural substance which is temporarily absent in the system, as the effect of marsh poison or other causes. This is Dr. Bence Jones's theory. We are terribly at the mercy of organic chemists in this region of science. They will forgive us if we receive their speculations with considerable doubt;

we can only assure them that our doubt is largely mingled with gratitude. Dr. Bence Jones's own account of this matter was lately given in a lecture at the Royal Institution —*London Lancet.*

2. *M. Ollier (of Lyons) and the Regeneration of Bone.*—This eminent surgeon occupied the attention of the Surgical Society of Paris recently with two communications—one relating to the removal of polypi occupying the nasal fossæ and pharynx; the other describing excision of joints, with preservation of ligaments, tendons, etc. The operation advocated for polypi is nothing less than bringing down the nose from above like the lid of a box, and thus getting easy access to the fossæ and base of the skull. The nose, when raised again towards the forehead, unites again in a satisfactory manner. In his excisions, Mr. Ollier preserves all the fibrous tissues, the ligaments, the capsule, and the tendinous insertions; none but the osseous or cartilaginous textures are removed, and he thus obtains an articulation of the same type as the joint which has been taken away. One can easily understand such an operation upon the healthy articulation of an animal; but the pathological changes in joint diseases are sometimes of such a nature that the author's operation would, at first sight, appear extremely difficult, if not impossible —*Lancet.*

3. *Physiological Action of Narceine.*—In the last number of the *Journal de Chimie Medicale* there is an abstract of M. LINNE's researches on the above subject, from which we perceive that the following conclusions have been arrived at: 1. Narceine is unquestionably of all the alkaloids of opium that which has the greatest narcotic power. *In the majority of cases,* morphia and codeia do not produce as sound or as prolonged sleep as results from the use of narceine. 2. Narceine differs from other alkaloids of opium in producing little perspiration, and in causing no loss of appetite or nausea 3. So far from producing constipation of bowels it causes relaxation, and in large doses, actually gives rise to diarrhœa. 4. It not only produces sleep, but diminishes pain. 5. It has one peculiar action; it suppresses the flow of urine For this reason, M. LINNE thinks it might be advantageously employed in cases of nocturnal incontinence of urine among children But it seems to us that until its action can be shown to be on the bladder, rather than on the kidneys, its employment in such cases would be highly improper.—*Lancet.*

4. *On Anthracite as a Remedial Agent.*—Dr. A. Dyes discovered the therapeutical properties of anthracite by accident. He remarked that pigs greedily devoured some anthracite lying in their styes, and especially after they had eaten a full meal Experiments and Observations subsequently made convinced him that this kind of coal like common salt, but in a much greater degree, promoted digestion and fattening, so that it was especially serviceable in catarrh of the stomach and intestines, and in colic He afterwards employed anthracite in the human subject with beneficial results in the following complaints:—1. In intestinal worms, but generally combined with other anthelmintics. 2. In spasms of the stomach, caused by catarrh

of that organ, or by affections of the liver or spleen. 3. In chlorosis, in which it even surpasses iron, although in cases of retention of the menses he recommends moderate abstraction of the blood from the insidex of the thigh. 4. In tumors of the spleen, during and after remittent fever. 5. In scurvy. In this disease, Dr Dyes found iron anthracite and other remedies, efficacious only after the teeth of th patient had been thoroughly cleaned from the adhering salts of lime which often cause bleeding of the gums, and other anæmic and scorbutic conditions. Sailors often mix gunpowder with their food in order to protect themselves from scurvy, and Dr. Dyes thinks that it might be useful to mix anthracite daily with the food on a sea voyage, 6. Pachitis In this disease anthracite is more beneficial, and oppresses the stomach much less than ferruginous preparations. 7. In scrofulous complaints, in which Dr. Dyes places anthracite by the side of iron, sulphur, and rhubarb. Generally speaking, anthracite is beneficial in all cases in which sulphurous waters, springing from anthracite earths, and having the same constituents, are useful, but the action of the later is disproportionately weaker. — *Schmidt's Jahrbucher,* Feb., 1865, and ***British and Foreign Medico-Chirurgical Review.***

5 *Roseola Cholerica.*—It is stated (*Lancet,* July 28, 1866) that a rash has been observed to accompany the secondary fever of a certain number of cases of cholera. It has been mentioned by several English and continental authors, and is well described by Dr. Wilkes in Guy's Hospital Reports, third series, vol. iii (1857). The roseola cholerica, as it is termed, exists in three varieties : 1, an eruption resembling roseola : 2, as smaller, more defined, and less vivid spots ; 3, resembling scarlatina. The rash usually appears between the sixth and tenth days of the disease, but it is sometimes delayed much longer.

SURGICAL.

6. ***Mercurial Collodion in the Removal of Syphilitic Patches of Discoloration.***—M. Leclerc states, in the ***Presse Medicale Belge,*** that a patient of his having tried alkaline, vapor, and sea-baths for the removal of those patches which appear on the skin of syphilitic patients, without effect, he recommended her to apply the following lotion, which removed them in a few days---corrosive sublimate, fifty centigrammes ; collodion, fifteen grammes.—***Lancet.***

7. *Cure of Aphonia by the Simple Introduction of the Larynx Mirror.*—At the clinic of Professor Oppolzer there was for several months a girl aged 20, with pulmonary tuberculosis and perforating gastric ulcer. Towards the end of May she became suddenly hoarse, and in four days had aphonia. "I expected in the advanced stage of the tuberculosis to find an ulcer in the larynx. The laryngoscopic examination showed, however, only a very pale larynx, in the highest degree anemic ; but nowhere an ulcer. The vocal cords were of a pure white color ; but on the attempt to say, ' æ ' they gaped to the extent of 1 to 11 lines. I caused her to make this sound loudly

for some minutes, when the laryngeal mucous membrane relaxed somewhat its color, and the vocal cords closed. When I removed the laraygeal mirror, the voice returned, to the great astonishment of the physicians present, and to the still greater joy of the patient. A short time since I had a similar experience in a case of diphtheritic paralysis of vocal cords."—*Dr. John, Schnitzler* in the *Wiener Medizinische Presse*, June 10, 1866.

8. *Aphonia Albuminurica.*—" Œdema glottidis " is better called " Œdema laryngis." This is seen as a collateral œdema, most frequently with ulceration of the larynx, also of the trachea and pharynx, as also in peronchondritis laryngis and other severe inflammatory affections in the vicinity of the vocal cords ; it appears both in an acute and chronic form. But without the existence of any local process, an œdema of the larynx may be developed, which indicates a severe constitutional affection. In this respect attention should be especially directed to a form of aphonia, to which *Fauvel* (of Paris) gives the name, *Aphonia Albuminarica*, and whose diagnostic recognition is very important. This depends upon the œdema glottidis, which appears in the incipient stages of Bright's disease. The laryngoscopic examination, besides the œdema [tense swelling of the mucous membrane, with a pale, smooth surface], shows no morbid local process. From this we are led to look for a constitutional cause, and on examination of the urine, albumen is found.—*Berliner Allgemeine Medizinische Zeitung*, June 18, 1866.

9. *A Successful Case of Amputation at the Hip Joint*, for gunshot fracture at the head of the femur, is recorded by Dr. Wm. A. East, of San Antonia, in the *South Journal of Med. Sciences.* The patient was a negro man, 26 years old, who had received a rifle shot, the bullet taking effect in the right hip, at the outer and upper margin of the trochanter major protuberance, just at the point of insertion of the gluteus medius muscle ; direction inward, and slightly upward, striking the head of the os femoris, and crushing it into small pieces.

Dr. East amputated at the hip-joint, after Larry's method. After-treatment, cold water dressing, quiet, an occasional Seidlitz powder, injections, opiates, and strict diet. Recovery was rapid. At the end of six weeks the patient was hobbling about on crutches.

Some fifteen or twenty days after getting up, he was suddenly seized with pain in the stump, attended with shivering ; pain extended to the small of the back, and about half way up the spinal column, with a feeling of extreme coldness the full length of the spine. These symptoms continued several months, until February 1865, when a small pulsating tumor, about as large as a filbert, tense and painful on pressure, was discovered, situated immediately over the last lumbar vertebra. On the fourth day after its appearance it had attained the size of a walnut ; still pulsating, soft, but giving no pain on pressure. The tumor was then opened, and the escape of a quantity of straw-colored pus was followed by that of a half-flattened bullet. From this time on the nervous symptoms ceased, and according to last accounts, the patient is alive and doing well.

Business Notices and Acknowledgments.

NEW BOOKS.

Pereira—Materia Medica—abridged. Henry C. Lea, Publisher.

Bartholow—Spermatorrhœa. Wm. Wood & Co., N. Y., Publishers.

Peters—Cholera. D. Vannostrand, New York, Publishers.

Visiting List. Lindsay & Blakiston, Publishers.

Palmer—Epidemic Cholera—pamphlet reprint.

Hamilton—Fractures and Dislocations—third edition. Henry C. Lea, Publisher.

Rhubarb Wine.—Quite a business is growing up in this country in the manufacture of wine from the stalks of the Rhubarb or Pie Plant. Mr. S. Hawker, of Dayton, forwarded a specimen of the wine to this office some months ago, which was tested by a number of the medical gentlemen of the city who expressed a very favorable opinion of its merits. The specimen sent was a very clever imitation of sherry, and we think would answer a good purpose as a mild pure wine, for medicinal purposes.

Mr. Max Wocher has received many interesting articles in his line. See his card.

Private Medical Instruction.—Drs. Wilson, Courtright, Culbertson and Williams are organized into an Association for private instruction and examinations in connection with the Lectures in the Miami Medical College.

Drs. Bartholow and Kearney will give a similar course, running with the Lectures in the Medical College of Ohio. See Card.

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Original Communications.

ARTICLE I.

Chronic Pharyngitis.

BY J. R. BLACK, M.D., NEWARK, OHIO.

Too true is it, that the majority of physicians give anxious thought and care, only to diseases of a grave, or very painful character. Even in our journals, the minor ills (of which chronic pharyngitis is a fair example) are almost wholly ignored. Like many cutaneous affections it is neither dangerous nor painful, but yet how annoying its existence often is to the physician, as well as the victim. The honorable, and and the honest among our patrons, mingle esteem and gratitude, with their dollars, to him who rids them of such troublesome and disturbing pests.

It is perfectly true that the duties of the physician are so numerous, so diverse, and so complex, that long and careful study, cultivated and critical observation, logical mind, and a very retentive memory, are essential requisites to great excellence and skill in every department of this, our wide field. It is the very few who possess to a marked degree such unique endowments, and there is therefore much to apologize for our imperfections. The only censure that can rightfully attach to our shortcomings is when carelessness, neglect, or conceit hinders, or altogether prevents our improvement

It is not of will, or of province, to act the censor, but this may be said of those too indolent to read, and learn that they deserve pity; and those whose greatness and self rated importance have swelled up within them so as to preclude any ideal endosmosis, that they can not command love, respect, or veneration. Thankful on my part for what the periodical press, with its thousands of noble contributors—laboring for the common and God-like weal—have done for me, I shall endeavor to give my mite, in small requital, in this, as in other efforts.

To describe the lingering inflammation which is so commonly seen upon one or both tonsils, and along the pillars of the soft palate, would be entirely superfluous. Its extension also down the pharynx, or up into the posterior nares, are familiar facts. Its various stages and degrees are also to be daily seen, running from a simple smooth redness and swelling, to follicular, and honeycomb ulceration. The amygdalæ, especially in scrofulous subjects, are more or less permanently enlarged—in many instances almost blocking up the isthmus of the fauces. The common effects are stiffness, and soreness of the parts, often slight pain in deglutition, and a discharge by hawking, of more or less glary mucus, frequently mingled with pus cells. The constant irritation and expectoration are very commonly aggravated by every slight exposure, and at such times there is usually a manifest disposition of the disease to extend downwards upon the glottis into the larynx and trachea. The symptoms in this event are a slight hoarseness, an ever recurring effort at swallowing, and an effort to clear the throat, with cough, and a rough soreness along and behind the sternum.

The young practitioner who relies upon the text-books as guides in the treatment of chronic pharyngitis, will commonly find his mind very much afloat as to what it is best to do. If he has studied the teachings of Dr. Horace Green, the topical treatment by nitras argenti will probably be quickly adopted. If those of Prof. Flint, he will endeavor to follow his precept of making "the object of treatment, in short, to restore the general health," whatever that may mean. One authority thus relies mainly upon the topical, the other upon the general treatment. There is doubtless truth in both systems. When the general health is toned high enough, the continuance of a minor ailment like this is rendered impossible. But such toning is very seldom possible, or practicable. The very existence shows a state of the system, or a local predisposition, fundamentally faulty. This may be inherent, or developed. If the former, then we can not hope to remove it; if the latter, then there is hope in hygienic rules. But the disease is often found in persons whose general health appears otherwise unexceptionable; and in such cases what is the course to be pursued? In a majority of cases, the most persevering use of the nitrate of silver does not satisfactorily control, much less cure the disease. At least such has been the experience of the writer, and to those whose observation on this point has been identical, the following treatment is commended to their attention:

In those examples in which there is no obvious general indication to fill, one or the other of the applications to be mentioned have rarely failed to give prompt relief, and when persevered in to effect a radical cure. ℞ Tinct. Iodine, Inod. Glycerine, aa ℥ss., Bals. Fir. ℥j ss. Apply to the irritated or ulcerated parts, once daily, with a camel's hair brush. This preparation diffuses itself rapidly over the fauces, soothing the irritation, and clearing the throat by free expectoration. When the inflammation has extended into the nasal cavity, the most convenient and practicable mode of reaching it with the medicine is by insufflation. Pour half a teaspoonful into the palm of the hand, or on a bit of sized paper, apply closely to the nostril, close the opposite one with the finger, and give a forcible inspiration. In case the disease had extended into the larynx, and become chronic, the tincture of iodine mixed with spirits of ether, comp. and used by inhaling the vapor, gives very gratifying results. A very good inhaler can be extemporized from a quinine bottle. Fit two good quills into a tight cork, one end of one extending an inch or two into the liquid. To the superior end of the one not dipping the liquid, attach a gum elastic bougie, with a mouthpiece. This may be used once or twice daily.

From some idiosyncrasy or other inexplicable reason, the above remedy does not always have its usual curative virtues, in which instances the following elegant preparation will be found strikingly beneficial. The active ingredient is the same used in Luly's patent nostrum. ℞ Hyd. bichloride, grs. viii.; Ammon. murias, grs. xx.; Inod. glycerine; Aqua rose, aa. ʒss. M. Apply as above, though greater caution is required against swallowing any of the mixture.

The immediate effect of either remedy is an amelioration of the more prominent symptoms, and to insure a radical cure, the main point is to use them perseveringly. When in young subjects, the marked scrofulous diathesis is associated with an all but permanent enlargement of the tonsils, great benefit will be derived from the following internal remedy: ℞ Fl. ex. Lappa Maj.; Fl. ex. Revmex obt. aa. ℥j.; Tr. G. Guiac, ʒss; Tr. Columbo, ℥j. M. Teaspoonful thrice daily. In this way the necessity of their excision may 'be frequently obviated.

ARTICLE II.

Observations, Pathological and Experimental, upon Cholera.

Being a Report to the Board of Health, with an Addendum, by ROBERTS BARTHOLOW, M.D., Consulting Physician to Mercy Hospital.

[Published by order of the Board.]

Dr. David Judkins, Chairman of the Committee on Mercy Hospital—

SIR.—The closing of Mercy Hospital is a fitting occasion to lay before you some observations made in that hospital upon the excreta, the morbid anatomy, and the treatment of cholera. Facts of this character may be necessary to enable you to complete the history of the epidemic of 1866 as it appeared under your administration of affairs pertaining to the public health.

STATISTICS.—Mercy Hospital was opened on the 16th of August and closed on the 1st of September. During this time fifty-four patients were admitted in the various stages of the disease. The results in the whole number of cases are shown in the following table:

Whole number of cases	54
Died	25
Per centum of recoveries	53·7

The results with regard to the condition of the patients at the time of admission are as follows:

Admitted in Second Stage	38
Recoveries	20
Admitted in Collapse	16
Recoveries	1

This table requires a word of explanation. The term "collapse" is used very indefinitely. In the case of recovery from this state, the pulse at the wrist was not absent, but was *very* feeble, and the other phenomena of collapse were well marked.

The mortality as influenced by sex is exhibited in the following table:

Males, cases,	45
Died	23
Females, cases,	9
Died	2

Of the two deaths amongst the female patients, one was due to consecutive fever; the other was influenced by the state of pregnancy, in which she was advanced eight months. It is a remarkable fact that in the last named case, beyond a slight dilatation of the os, there was no uterine action.

The influence of age over the mortality is shown in the following table:

Under 12 years of age, cases	3,	died	2
From 12 to 20 " " "	8,	"	3
" 20 to 35 " " "	32,	"	6
Above 35 " " "	11,	"	5

According to this table, the danger of a fatal result is greatest under 12; least from 12 to 20; increases from 20 to 35, and again diminishes after 35.

The results in respect to the nationality of the patients, are as follows:

Germans	cases 17,	died	9
Irish	" 15,	"	9
Americans	" 18,	"	8
Other nationalities	1.	"	none.

The fifty-four cases terminated as follows:

By death from Collapse	20
" " Consecutive Fever	6
By recovery	28

Excreta.—No cases of the *cholera sicca* were admitted. All had the characteristic discharges by stool or vomit, and, with one exception, by both. The gravity of the phenomena appeared to depend to a great extent upon the quantity of the discharge; *cæteris paribus*, those cases proceeded to a fatal termination most rapidly, in which the rice water evacuations were most abundant.

The discharges were alkaline. They consisted of a serous fluid, almost identical with the serum of the blood, columnar epithelium and *debris*. Vibriones were not observed in a single instance.

The urine was suppressed in all cases of collapse, and very scanty in the first and second stages of the disease. A direct ratio existed between the severity of the case and the amount of the urinary secretion. The specific gravity fell with the diminution in the amount, and albumen, epithelium and tube casts appeared early and increased rapidly in quantity. I have not been able to note the condition of the urine before the accession of cholera symptoms, but the changes in the amount of its normal constituents and the appearance of abnormal ingredients, were manifest in the very inception of the diarrhœal stage—a fact of importance, equally in a diagnostic and therapeutical point of view.

The perspiration was neutral or feebly alkaline. In the cases of consecutive fever with suppression of urine, a distinct urinous odor was perceived in the sweat.

The alkalinity of the rice water discharges, of the perspiration and the rapid diminution in the acidity and finally, the alkalinity of the urine, are very notable facts in the clinical history of this disease.

Morbid Anatomy.—No disease presents more uniformity in respect to the morbid anatomy, than cholera. The most obvious phenomena occurring during life—rice water evacuations, suppression of urine, cramps, præcordial anxiety, jerking respiration, collapse, etc.,—are readily explained by structural lesions. Too great importance, therefore, can not be ascribed to the study of the morbid appearances.

It is, perhaps, necessary to describe the methods of investigation pursued, before relating the results. The organs were first examined *in situ*, their position, relations and all those departures from the normal state appreciable by unaided vision, carefully noted. Morbid specimens were examined, first, by a Lawson's binocular microscope, next by an Oberhauser's 1-4 inch and lastly by a Pritchard's 1-7 objective. Sections of the intestine were also studied by a Pritchard's inch objective.

The small intestines were generally well filled with flatus and rice water matter, and were universally injected, minute vessels not ordinarily visible to the naked eye having attained considerable size. The mesenteric vessels were also enlarged. In consequence of this increase of size it was quite possible to trace the distribution of the vessels through the submucous coat and mucous membrane, to the capillary ramification. Remarkable and characteristic alterations were found in the epithelial layer of the mucous membrane. At the earliest period these alterations consist in a remarkable proliferation of the columnar epithelium and the production of degenerate forms. The villi are matted together by the new matter thus produced, and it adheres with more or less tenacity, all along the intestinal tract. Examined with a power of 300 diameters linear, this matter is seen to be composed of columnar epithelium, lower cell forms, occasionally a villus, and differs from the rice water discharges in containing a much less amount of serum. In many parts of the intestine, especially in the ilium, nothing remains on the basement membrane, but this adhesive matter. After death by consecutive fever, large tracts, of the ilium especially, are found stripped to the basement membrane. There is in either case, nothing intervening between the vessels of the submucous coat, and the contents of the intestine, but the homogeneous, structureless basement membrane—for the cast-off epithelium is excrementitious matter. It is obvious that this destruction of the columnar epithelium, arrests that vital power of selection and transference to the lacteals and veins, posseased by these cells. An outward diffusion current would therefore appear to be inevitable, and hence, the extraordinary congestion of the veins consequent upon the outward flow.

Coincidentally with these alterations in and destruction of, the columnar epithelium, the glandular apparatus of the small intestines, becomes the seat of equally striking changes. The solitary glands enlarge, become filied with a milky fluid and the patches of Peyer thicken. The mesenteric glands also, enlarge somewhat. The solitary glands of the large intestine undergo similar changes. The liver is unaltered, except in the cases of consecutive fever. The gall bladder contains bile in the usual quantity and there is no obstruction to the entrance of it into the intestine; indeed in almost every case bile was found in the small intestine, but unaltered in its physical and chemical characters. These changes in the columnar epithelium and in the glandular apparatus of the intestines, have the effect to arrest, at once and completely, the digestive process, and hence no fæces are formed, although bile is present and appears at times in the discharges.

The arrest of the primary assimilation and the rapid loss of the serum, occasion serious changes in the blood. To study these changes most satisfactorily, it is necessary to compare the blood of the portal vein, just despoiled of many of its constituents by the outward drain through the intestine, and the blood of some remote part of the systemic circulation. The blood becomes viscid, it can not circulate through the lungs to receive oxygen, and the globules, the carriers of oxygen are so damaged as to be unfitted for this function. Hence, the lungs are found after death, comparatively dry, the great venous trunks, the right auricle and ventricle are gorged with blood, and the left cavities are empty and firmly contracted. This change in the fluidity of the blood induces a serious alteration of the red globules, most marked in the blood of the portal veins; they are irregular in outline, many of them are broken up and the serum is crowded with *débris* and granular matter. I have frequently verified the observation that the tenacious matter found in the intestines, restores the arterial color of the blood.

The pleura, sac of pericardium, and peritoneum are coated with a gummy substance which adheres tenaciously to the hands, and so glues the pulmonary and costal pleura together, as to require in some instances, no inconsiderable force to separate them and must have increased the difficulty of respiration. This substance consists of cast off epithelium and the lubricating serum deprived of much of its water.

Early in the disease (death in a few hours after the first symptoms) the kidneys are found dry and bloodless, but this condition soon gives place to a deep congestion, when the pyramids and cortical substance become chocolate colored and microscopical vessels become visible to the naked eye. Subsequently the organs enlage, the tubes of Ferrein and Bellini become crowded and choked with the cast off epithelium and the Malphigian bodies are gorged with blood. These successive changes correspond with the different stages of Bright's disease, and the rapidity with which they occur, is one of the most remarkable phenomena in the clinical history of cholera.

The cramps, the jerking respiration, and the praecordial anxiety, find a ready explanrtion in the condition of the intercranial circulation. The vessels of the base, and of the hemispheres are much distended and their finer ramifications brought into view. The sub-arachnoid spaces are filled with fluid, and the white substance presents on section, numerous bloody points The particular change most deserving of attentive study, is the marked congestion of the medulla oblongata and pons varolii. On one of the subjects examined, whose case had been particularly characterized by excessive cramps and after death by a remarkable degree of *rigor mortis*, I perceived upon the right thigh a dried matter resembling semen. Carefully moistening it with distilled water I obtained a solution for microscopical examination and ascertained that the dried matter was really semen. This is a striking fact, in confirmation of the view that the cramps are due to reflex action of which the medulla oblongata is the center, or due to the congestion of this organ. This alteration in the circulation of the madulla oblongata and impairment of its nutrition, must affect the electrical relations of its molecules; hence the cramps. As the pneumogastric takes its origin from this center, we have a satisfactory explanation of the jerking respiration and the praecordial anxiety.

In the study of the pathological processes of cholera, we are at once arrested by the changes in the columnar epithelium of the intestinal canal, and the suppression of the renal secretion accompanied, or quickly followed by, extraordinary structural alterations. Which of these lesions is primary?

If the cholera poison is contained in the rice water matter, it probably acts locally upon the intestinal mucous surface and all the other phenomena of the disease are secondary to the changes induced in the blood by the outward diffusion current. It becomes then a matter of prime importance to determine this point. Without designing it I subjected myself to an experimental demonstration.

Experiment I.—A wound upon my left hand, bleeding freely at the time was immersed in the various fluids of the body of a patient in the *post mortem* examination. No result followed.

Experiment II.—A medium sized dog. Some fresh rice water matter was injected subcutaneously and a quantity was thrown into the rectum. Some local inflammation resulted from the injection, but no other effect was produced.

Experiment III.—Same as the preceding, except that considerable rice water matter was also poured into the stomach. Same dog. He continued unaffected.

Experiment IV.—Same dog. Some of the dried matter was made into a solution with water and a portion injected into the thigh and the rest poured into the stomach. In fifteen minutes he had a free watery evacuation which was "frothy," but no other, and no subsequent symptom referrable to the ingestion of cholera matter.

As the gastric juice of the dog is powerfully acid and his stomach digestion exceedingly active, it seemed desirable to bring the cholera matter into contact with some other mucous surface.

Experiment V.—Performed tracheotomy on the same dog and injected some cholera matter into the trachea; also, threw some of the same matter into the nasal passages, and poured a quantity into the stomach. Recovered promptly from this rough treatment, ate food, but had no cholera symptoms.

Experiment VI.—Same as the preceding with the same result.

The results of these experiments are, thus far, merely negative. They indicate, however, that the fresh rice water matter and the other fluids of the body in the recent state, are perfectly innocuous. The dried matter appeared to have more effect (Experiment IV.) Our future experiments must be made with the rice water discharges in a state of change, if anything may be accomplished in this way. The dejections are poisonous, if at all, under some as yet undetermined condition. I have in contemplation some additional experiments similar in object to those just detailed, and others with the view to ascertain, if possible, the relation of the renal trouble to the other phenomena.

TREATMENT.—The great central facts of the pathological anatomy of cholera, should be held prominently in view, in the adoption of therapeutical measures. The destruction of the columnar epithelium, the outward diffusion current through the intestinal canal, and the retention in the blood of the poisonous substances eliminated by the kidneys, are the actions to be hindered or prevented by our remedial measures. If these changes pass beyond a certain stage, there are no means known to our art, of arresting them. We can not, by the administration of any remedy, restore the destroyed epithelium, nor pass into the veins a vitalized fluid to supply the place of lost elements, nor cure that condition of the kidney, which the experience of the profession holds to be incurable. In no disease is the *post hoc* more apt to be mistaken for the *propter hoc* than in cholera. The susceptibility to the poison, appears to vary indefinitely. The same plan of treatment is successful in one case and unsuccessful in a precisely analogous one, placed under equally favorable conditions. Great caution is therefore necessary in forming an opinion as to the relative merits of various plans of treatment. Without entering into the *vexata questio* of the best remedy in cholera it will suffice to present the plan, which, based upon the investigations herein detailed, seems most nearly in conformity to the instructions of pathological anatomy. This plan, consists in giving an acid astringent with a diuretic, to promote an inward diffusion current and to excite the functional activity of the kidneys. To prove that this plan is rational, it it only necessary to refer to the alkalinity of the intestinal contents in cholera, and the laws of osmosis as experimentally demonstrated by Graham. The particular prescription employed in accordance with this view was constituted as follows: ℞ Acid Sulphur. Dil. ʒij.; Tinct. Opii Camph. ʒvj.; Aqua Camphoræ ℥j.; M. S. A teaspoonful every fifteen minutes, half hour, or hour—well diluted.

In this prescription, the benzoic acid of the paregoric elixir was relied on as diuretic. In the stage of collapse or impending collapse, the English army prescription was much employed the same ideas governing the selection of the remedies.

℞ Ol. Anisi, Ol. Cajeputi, Ol. Juniperi, Acid Hallerii aa ʒss: Ether ℥ss; Tinct. Cinnamonia ℥j. M. Ten drops every fifteen minutes.

The acid elixir of Haller, consists according to the Prussian pharmacopœia of equal parts of concentrated sulphuric acid and alcohol.

The eliminative plan, so called was pursued in two cases. One in which the symptoms, though violent, were of recent occurrence, produced by a meal of green corn, was cured by castor oil, and the other, the only symptom being violent vomiting of a large quanity of rice water, was cured by ten gr. doses of calomel and injections to open the bowel.

Various other plans of treatment were tried so far as the limited number of cases would admit, but the results were not more satisfactory than before.

My acknowledgements are due to Dr. Geo. S. Courtright, attending physician, for the very intelligent interest manifested by him in all of my researches, and for the aid of his observation and judgement. My thanks are also due to Mr. McCorrick, the apothecary, who rendered valuable assistance in the prosecution of my inquiries.

In conclusion, I beg to present my thanks to the gentlemen of the Board of Health for their confidence in appointing me consulting physician to the cholera hospital, for their liberality in affording every necessary means for the management of the cases, and for the interest manifested by the committee, and especiplly by its chairman, in everything pertaining to the hospital. Very respectfully,

ROBERTS BARTHOLOW, M.D.,
Consulting Physician to the Mercy Hospital.

ADDENDUM.

Since I have been engaged in these investigations some researches of Dr. Lionel S. Beale, the distinguished Professor of Pathology in King's College, London, have reached this country in the *Medical Times* and *Gazette* of August 4th and 18th of the present year. Dr. Beale's published researches are confined to a determination of the changes in the columnar epithelium ; he has not thus far extended his inquiry into the excreta; nor does he occupy himself with a study of the morbid anatomy in general. He promises further important contributions on these subjects.

His researches into the changes occuring in the columnar epithelium have been more elaborate than mine ; he has also studied them with higher powers, and he brings to bear upon these investigations, a facility of manipulation, and an extent of acquirement in the science of microscopy, scarcely equalled by any investigator of our day.

"Those who have made post mortems" says Dr. Beale, "are familiar with the fact that the intestines almost always contain a considerable quantity of pale, almost colorless gruel, or rice, or cream-like matter. This has been proved to consist, almost entirely of columnar epithelium, and in many cases large flakes can be found, consisting of several uninjured epithelial sheaths of the villi. * * * * These important organs, the villi, are in a very bad case, all, or nearly all, left bare, and a very essential part of what constitutes the absorbing apparatus is completely destroyed." Dr. Beale has also, studied the changes in the "smaller vessels, and especially in the capillaries and small veins of the villi and sub-mucous tissue. * * * The blood corpuscles appear to have, in great measure been destroyed in the smaller vessels, and in their place are seen clots containing blood coloring matter, minute granules, and small masses of germinal matter, evidently undergoing active multiplication."

The next observation is of exceeding interest in view of that theory which seeks to explain all the phenomena of cholera, by some alteration of the organic nervous system.

"On the other hand, the nerves and ganglia, so numerous between the muscular and mucous coat of the small intestine, exhibit a natural appearance, so that I should not be able to distinguish a ganglia taken from a cholera victim, from one taken from a perfectly healthy person of the same age whose life was destroyed by accident."

In a second paper, Dr. Beale further discusses these changes in the columnar epithelium and gives some engravings of them. He makes a statement in this connection confirmatory of my own observations: "In almost all the cases of cholera I have yet examined there is evidence of chronic structural change in the *tissues* of the intestine. * * * The columnar epithelial cells often exhibit evidence of chronic change; they seem to be stunted, and in many instances the nuclei are much smaller than in health." In my report, I have alluded to those changes in the columnar epithelium and "the production of degenerate forms." I did not further particularize these changes, but they seemed to me to consist in the first place, in an astonishing proliferation of the columnar epithelium. How, otherwise shall we account for the enormous quantity of cells and debris, which cover in a thick layer the basement membrane, and which in the early stages mat the villi together, and which are discharged in the rice water evacuations? Morbid alterations in the epithelial layer, are, most probably, precedent to the development of cholera symptoms: they are too extensive and important to have been produced in a few hours.

Since my report closed, I have been pursuing the course of experimental investigation therein indicated whenever my leisure permitted. The same dog upon which I had previously experimented has since been subjected to frequent doses of the cholera dejections in a state of decomposition. No other effect has thus far been produced than some slight vomiting and purging. These experiments would seem to indicate that the phenomena of cholera can not be induced in a dog, by the introduction into his organism of the dejections of a cholera patient. Several accidents have apparently demonstrated the innocuousness of this matter when brought into contact with the mucous membrane of the human subject. My friend, Dr. Courtright, who assisted me in these experiments, on one occasion, received some of the decomposing cholera matter in his eye; the same accident happened to myself; more or less of the dried matter was always present in the air of the apartment in which we operated, yet neither had the least symptom of cholera infection. If the poison matter of cholera could be demonstrated to exist in the cholera evacuations, the whole subject would be much simplified. Many of the most obvious symptoms of the cholera attack can be imitated in animals. Dr. B. W. Richardson (*Medical Times and Gazette*, August 4th,) has proposed an experiment to demonstrate synthetically the following:

" *Theorem. The symptoms of cholera are due to the separation of water from the albumen of the blood and of the tissues.* * * * * If into a serous cavity of an inferior animal, a given quantity of fluid of a specific gravity 100 degrees above that of the animal, be slowly injected there is an immediate transference of watery fluid from the blood to the injected fluid, the osmotic current being especially rapid towards the denser liquid that has been injected. The serous cavity thus fills rapidly with fluid, and if the fluid exuded be drawn off, the flow will be sufficient to cause death by mere loss of water. The symptoms consequent upon this proceeding, are identicle with those of cholera; there is coldness of surface, coldness of breath, convulsive movements, shrinking of tissue and general collapse. After death the morbid conditions found, are the same as those in cholera—viz.: viscidity of the blood, dryness of tissue, and shrunken condition of vascular opgans."

I have repeated these experiments. The animal selected was a young dog. The symptoms produced by injecting a strong saline solution into the peritoneal sac were immediate and striking. The animal lay on the floor in a state of insensibility; an extraordinary pallor of, the mucous membrane of the mouth and fauces were observed; the action of the heart was tumultuous and irregular, but there was no decided shrinking and coldness of the surface—the experiment being carried far enough to verify Dr. Richardson's observation, without taking the life of the animal.

The case of collapse thus artificially induced is a very different affair from the collapse of cholera, in that the important alterations of the epithelial structures, are wholly wanting. If the results of this experiment were identical with the phenomena of cholera, and if the poison of cholera were proved to exist in the dejections, then, indeed, our knowledge of the pathology of this disease would be complete. As the case stands at present, several conditions are wanting.

ARTICLE III.

The Duodenum; its Anatomy, Physiology, and Diseases.

Delivered at Charity Hospital Medical College, Cleveland, O., Jan. 8th, 1866.

BY A. P. DUTCHER, M.D.

The duodenum is regarded by some medical writers as a kind of second stomach, from the fact that in its anatomical structure it very much resembles the chief organ of digestion, and also from the functions which it performs. But by a careful study of its parts and the chemico-vital process that takes place in its cavity, you will soon discover that its physiological office is quite different from any other portion of the alimentary canal.

I.—THE ANATOMY OF THE DUODENUM.

The duodenum extends from the extremity of the stomach to the jejunum, and is about twelve inches in length. And for convenience of description may be divided into three nearly equal portions; the first is the most movable, is more surrounded by peritoneum, and horizontal in its direction; it may be called the pyloric portion of the duodenum, for it is frequently associated with diseases of the stomach. The second is vertical in direction, closely fixed near the crura of the diapraghm; and to the vena cava; it receives the common bile and pancreatic ducts generally by a single opening. The third portion is horizontal in direction, having the pancreas above it, and in front, the superior mesenteric vessels entering the commencement of the mesentary, it is situated upon the aorta, and vena cava.

The three portions of the duodenum now described, are all situated in different planes; the first portion being nearer to the anterior abdominal parietes, the third part immediately upon the spine. This arrangement is supposed to allow the contents of the canal mechanically to gravitate quickly into the jejunum, and assists the discharge of bile from the ducts. The duodenum is kept in place by its connection with the portal eminence of the liver by means of a band of peritoneum called ligamentum hepatico-duodenale; and to the right kidney by another band, the ligamentum duodena-renal.

The anatomical structure of the various coats of the duodenum are very similar to those of the small intestines. The muscular layers are double, a circular and a longitudinal coat, rendering it much firmer and stronger than other portions of the intestines. The mucous coat is covered with villi, which commence at the pyloric portion and soon become very numerous; so also the valvulæ conniventes are gradually developed, till we find them as large as in the jejunum.

The whole surface of the mucous coat of the duodenum is studded—with Lieberkuhn's glands, Peyer's, and Brunner's glands. The *first* are finger like depressions of the mucous membrane, very much like the glands in the stomach. The *second* project on the surface of the intestine, instead of being depressions from it. The *third* are situated beneath the substance of the mucous membrane. They are compound glands, and are peculiar to the duodenum. They commence a few lines from the pylorus, and extend about as far as the common bile duct. Their function is not known, but they are supposed to be identical in office with the salivary glands.

In nervous connection the duodenum is nearly allied with the stomach and the liver. The pneumogastric nerves, branches of which supply the stomach, and also the liver, send filaments along the first portion of the duodenum, continue onward from the lesser curvature of the stomach; this associates that part of the duodenum very intimately with the stomach. The pancreatico-duodenal artery, which supplies the great part of the duodenum, is from the hepatic, and the pyloric branch of the coronary, extends into the first part of the duodenum, so that in the arterial supply we find the same association.

III.—THE PHYSIOLOGY OF THE DUODENUM.

It is in the duodenum that chyme is converted into chyle This is said to be effected by the joint action of the bile from the liver, and the juice from the pancreas. There are few things connected with the physiology of the human system, that has caused more controversy than the part played by the biliary secretion in the process of digestion. There are, however, two facts connected with this secretion which have been very clearly established. First, that the bile is formed in the liver, and by the liver. Secondly, that it is not only a secretion but an excretion. The liver separates from the blood substances which it forms anew into a fluid, this fluid taking its part in the digestive process, afterwards to be reabsorbed into the blood; and the liver also separates from the blood substances, particularly cholesterine, which though constituting not more than one-eighth of the whole bile, are ejected from the system as injurious.*

In the stomach bile is a noxious agent at once arresting digestion. If from any cause it has risen into the stomach, it at once produces nausea and vomiting. The evidence for this opinion is so plain, that we can not wonder that some physiologists have founded on it their disbelief in the digestive influence of the bile, which they regard as a pure excretion. But they overlook one very important consideration. They forget that when bile is in the stomach it is out of its right place. The intestine is its legitimate place, and there its influence is digestive, although it there also counteracts the action of the gastric juice.

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* See Austin Flint, Jr., New Excretory Function of the Liver,
† American Journal Medical Sciences, October, 1862, p. 307.

This view of the action of the bile in the animal economy seems contradictory of organic process. Bile undoubtedly arrests the influence of the gastric juice, inside as well as outside of the body. You can prove this by a very simple experiment. Place a piece of meat in a glass vessel with some gastric juice; the meat will soon manifest a commencement of digestion, the fibres will be disassociated, and the cellular tissue dissolved. If now a little bile be added, the digestive process is suddenly arrested; the gastric juice preserves its acidity, but loses its digestive influence. If in a second vessel, meat be left in contact with gastric juice only, we find at the end of a few hours, that a complete chymification has been effected; whereas the meat to which bile was added remains unaltered, and will continue so for a very long period.

Now what is the nature of this action? Claud Bernard maintains that it is nothing else than this: the ferment pepsin which is operative in gastric juice, is precipitated and the albuminous substances are at once rendered insoluble, and ceases to undergo chemical change. And you will remember, that in another lecture I stated that albuminous substances were rendered soluble in the stomach by the gastric juice. On reaching the duodenum, and there coming in contact with bile, they are once more rendered insoluble. Thus all that was accomplished in the stomach by the gastric juice seems undone again. If there were nothing to counteract this influence of the bile, the digestion of albuminous substances would be impossible; fortunately the delay is only temporary, for by the action of the pancreatic and other juices, the albumen is once more rendered soluble.

The influence of the pancreatic juice in the process of digestion, is as important as the gastric juice, for it possesses the wonderful property of forming fats into an emulsion, of changing starch into sugar, and of acting on albuminous substances—both those precipitated by the bile, and those also which the gastric juice has not yet dissolved. But it possesses this power over albuminous substances only after they have been acted on by the bile. If we take food directly from the stomach, and submit it to the action of the pancreatic juice, no such effect ensues; whereas if the food taken from the stomach be first mixed with a little bile, and then submitted to the action of the pancreatic juice the digestive effect is obtained.

III.—DISEASES OF THE DUODENUM.

From a review of the description just given of the process by which healthy chyle is formed, you will at once see how a defect in either of the processes will hinder its healthy formation, and consequently produce serious trouble in the system at large; for there can be no healthy nutrition of the tissues of the body without good chyle. The causes which may prevent the formation of healthy chyle are numerous; such as imperfect chymification, defective or excessive secretions from the liver and pancreas, or from disease of the duodenum. Pathological researches show that the duodenum is frequently subject to congestion, inflammation and ulceration.

1st. *Congestion of the Duodenum.*—This is seen in various diseases. Where the whole tract of the alimentary canal is in a similar condition, as in some forms of valvular disease of the heart, and portal obstruction in hepatic disease. But sometimes it is entirely local, in which it seems to have depended upon an active state or condition of the mucous membrane, evidently produced by some specific cause. In this case the blood vessels are highly injected and the membrane is very red, but as a general thing, not much softened. When the congestion has been more chronic, there is commonly gray discoloration of the mucous membrane, which on close inspection is found to be produced by the deposit of irregular grains of pigment, very thickly placed in the substance of the membrane, near its upper surface, probably in the coats of the capillaries.

Chronic congestion of the duodenum is seen, as we have already remarked, in connection with hepatic congestion, and diseases which lead to engorgement of the vena porta; but we generally find less congestion of the first portion of the duodenum in diseases of the pylorus, whether it be from simple fibrous degeneration or from malignant disease. In some instances of congestion of the duodenum of the chronic variety, the mucous membrane becomes thickened, its vessels congested, and its glands enlarged; sometimes, indeed so much so, that they have occasionally been mistaken for minute cancerous tubercles.

The symptoms of duodenal congestion are not always very pronounced. They are often so bound together with those indicative of disease of the contiguous viscera, that a positive diagnosis can not at all times be made out. There can not, however, be the least doubt but the vomiting and pain connected with hepatic disease are possibly due partly to the condition of the duodenum. In most all of the cases of this kind that have fallen under my notice, nausea and vomiting were prominent symptoms; and the reason for this is very obvious, for we have already seen that there is a very intimate nervous connection between the first portion of the duodenum and the stomach. The bilious evacuations in violent vomiting manifest that the first and second portion of the duodenum have been involved. In icterus, after exposure to cold, or after great intemperance, with pain in the epigastrium, furred tongue, loathing of food, and diarrhœa, not only the stomach is irritated and congested, but sometimes very much inflamed.

In all grave cases of duodenal congestion, especially of the chronic form, you will almost always find on examination of the right hypochondrium a fullness more or less perceptible through the whole region. Some of you will remember the case of Peters, who was a patient in the Marine Hospital during our last session. He had such fullness and induration in this region, that several physicians had pronounced his case one of cancer of the pylorus of the stomach. I did not concur with them in this diagnosis. It is true there was a circumscribed fullness just before the cartilage of the eighth rib, there was tenderness on pressure, pain in the stomach some two hours after taking food, and vomiting, symptoms that are commonly indicative of cancer. But still these symptoms were persistent. Under the operation of a brisk purge they would vanish as by magic. But in a day or two they would return and become as annoying to the patient as ever. My diagnosis was congestion of the duodenum. He was treated for the same, and you will remember how rapidly he recovered.

Some individuals who are affected with this disease, frequently complain of a soreness below the pit of the stomach, in the situation of the colon, it is described as being deep seated. They also complain of pain, and a sense of fullness in the lower bowel, leading to ineffectual efforts to relieve them. These symptoms sometimes occur in paroxysms, as if connected with the stage as well as state of digestion; for they are more or less mitigated by full evacuations from the bowels, and relief is even experienced as soon as the upper bowel is put in motion, and often long before any evacuation takes place from the lower bowel.

Diarrhœa, as we have already observed, frequently attends this condition of the duodenum; but occasionally the bowels are alternating between costiveness and diarrhœa. In the former case the discharges are mostly hard, dry, and of a dark brown or greenish black color. If the discharges be loose, they are generally too light colored, and devoid of their natural smell; in some cases they are dark, pithy and fetid. In the intervals between the periods of digestion, the pain and uneasy feeling of the right hypochondrium are considerably less sensible, seldom amounting to more than a sense of heat, gnawing or sinking toward the epigastric region, with a frequent desire to take food, which corresponds with a sense of heat, smarting or blistering at the tip of the tongue, and with watering of the mouth.

Among the sympathetic affections of this disorder of the duodenum, may be named palpitation of the heart, dyspnœa, cough and mucous expectoration, painful and confused headache, increased by stooping or by holding the breath, or a dull pain in the back part of the head, which feels tightly bound, or painful pulsation of the head excited by the least effort of the mind; vertigo is also a common symptom; the patient frequently complains of a dull heavy pain in the lumbar region, which is increased by pressure, and is sometimes very annoying at night, preventing sleep; the urine is high colored and its specific gravity greatly increased, very acid, producing irritation of the bladder and urethra and painful micturition, and if the disease has been long standing, it will be loaded with large crystals of the oxalate of lime of nearly every form. Duodenal disease may be inferred with the greatest certainty, where we find numerous dumb bell, octohedral and nevicular crystals of oxalate of lime, all in the same specimen of urine. The senses are also impaired, and the mind very much enfeebled and depressed.

I have been thus particular in describing the symptoms of duodenal congestion, because it is a disease that you will frequently meet with, when you enter upon the practical duties of your profession, and also one that you will be very apt to confound with other affections of the digestive organs, unless you are very careful in your diagnosis. Our standard medical authorities say but little about the disorder, and some of them have ignored it altogether. But if you will treasure up the description of the disease as just presented, it will aid you very much in treating some of those complicated disorders which affect the organs of digestion. Indeed there are few diseases of the alimentary canal more easily managed than primary congestion of the duodenum,—when secondary it is more difficult.

In nearly every case we should commence our treatment by thoroughly evacuating the bowels. For this purpose you will commonly find the saline purgatives all sufficient. When the portal system is engorged you should not neglect to give full purgative doses of calomel and colocynth. In plethoric subjects it is a very useful procedure to cup over the affected region, and even blister. As useful aids in promoting a restoration of the parts to their normal functions, we should recommend the most bland nourishment, and such articles of medicine as will impart tone and vigor to the digestive organs in general. We may, therefore, frequently have recourse to quinia, hydrastine, strychnia, nitric and muriatic acid. The latter are very useful, particularly if the duodenal congestion depends upon torpidity of the liver.

When the disease has become chronic the treatment must be more alterative in its character. If the bowels are habitually costive, one of the following pills may be administered, night and morning, unless they operate too freely upon them:

℞ Mass. pill. hyd., grs. x.; Podophylline, grs. vii.; Ext. Colocynth Comp., grs. xxx.; Ol. carui, gtt. xv. M. Ft. pill. No. 30.

The iodide of potassium you will also find a very useful therapeutical agent in this form of the disease, particularly if the various glands are implicated in the disease; it exerts a powerful effect in altering their morbid state. Chalybeates are also very highly recommended by some writers, and they may be given in connection with the iodide of potassium and pills, as each particular case may require. Hygienic measures should not be neglected, particularly exercise, diet, and bathing; these should be regulated according to the constitution and wants of each particular patient. Indeed, I know of no one thing, more useful to individuals suffering with chronic duodenal congestion, than moderate horseback exercise. I have known many cases speedily relieved, after every other measure had failed, by a brisk horseback ride before breakfast in the morning.

2d. *Inflammation of the Duodenum.*—This hardly admits of a separate description, for there are no special symptoms by which it can be recognized from gastro-enteritis. It is doubted by some writers whether it ever exists as an independent disease. In all cases of acute inflammation of the intestinal mucous membrane, no matter where it may originate, there is a marked tendency to extension. Hence an acute inflammation in the stomach soon finds its way into the duodenum, thence to the jejunum, ileum and colon until the whole mucous structure becomes involved in the disease.

In gastritis from caustic poisoning, the inflammation almost always extends to the duodenom. In a case of poisoning by sulphuric acid wherein post-mortem showed a destruction of several square inches of mucous membrane of the stomach, the mucous structure of the duodenum was found intensely congested, and covered throughout by a thin, adherent diphtheritic membrane. In this case the vomiting disappeared on the third day, and the patient, though extremely prostrated, did not appear to suffer much from pain. Arrowroot, lime water and milk were administered, and for a week it was thought the patient would recover.

A young lady by mistake took a tablespoonful of alcoholic solution of the bichloride of mercury. She had marked symptoms of gastritis, and vomited severely for three days. After this it subsided, and she took beef tea and quinine freely for several days without any disagreeable effects. But she gradually failed, and died on the tenth day from taking the poison. On post mortem, the mucous membrane was found but slightly injected, and no breach of structure could be detected. But not so the duodenum. Here there was extensive marks of disorganization. The mucous membrane in several places was denuded, and there were several ulcers about a quarter of an inch in diameter, extending quite down to the muscular coat. The mucous membrane of the jejunum and colon was injected, but in other respects appeared healthy. This patient evidently died from inflammation and ulceration of the duodenal mucous membrane. Whether this was produced by the actual contact of the poison, or an extension of the inflammation from the stomach, would be an interesting question to determine. I am inclined to the opinion that a portion of the poison entered the duodenum.

When ulceration occurs in the duodenum, as the result of inflammatory action, we find vast variations not only as to extent but as to degree. In some instances they are superficial, in others deep seated. They may be acute or chronic, resembling those found in the stomach, and presenting many symptoms in common with ulceration in that organ. Some may have raised thickened edges and depressed centres, apparently of slow formation, extending to deep structures, mostly found in the first portion passing through the muscular and peritoneal coat, and leading to fatal peritonitis, or producing adhesions with adjacent structures, which constitute the base of the ulcer.

The following case of fatal perforation of the duodenum is from *Habershon on Diseases of the Alimentary Canal.* A man aged about thirty, a surgical instrument maker, one day, whilst apparently in good health, suddenly experienced severe pain in the abdomen; to use his expression, he was "doubled up;" he fell down in a fainting state, and was taken into a drug shop, where some ammonia and castor oil was given him. In this state of collapse Dr. Habershon saw him. He complained of great pain along the course of the right ureter. On the following morning he was greatly depressed, skin hot, the abdomen tender, and all the general symptoms of peritonitis; vomiting of coffee ground fluid came on, and he survived only fifty-six hours.

On post-mortem, the peritoneum was found to be intensely inflamed, lymph was effuse, and castor oil was found floating in the peritoneal cavity. At the first portion of the duodenum, about one inch from the pylorus, an ulcer was found about the size of a quarter dollar, and at its base a circular opening about the third of an inch in diameter.

The symptoms of duodenal inflammation and ulceration are almost identical with gastro-enteritis. Hence we have no special treatment to recommend. When we, however, suspect the existence of duodenitis, we should not hesitate to use those means to arrest it, which have proved so successful in subduing inflammatory action in other portions of the alimentary canal. Bleeding, blistering, calomel, ipecac, opium, laxatives, and enemata are the chief therapeutical agents indicated. In the acute form of the disease, where the patient is young, plethoric and of a vigorous constitution, the lancet may be employed with the greatest safety; indeed, it is the most powerful instrumentality we have to meet cases of this kind. If you doubt it, try and treat a grave one without it, and if I am not very much mistaken, your success will not be very flattering. In milder forms of the disease it may be dispensed with, and the other therapeutical just named will be all sufficient, especially calomel and opium.

TREATMENT OF CHOLERA IN THE LONDON HOSPITAL.—This continues as unsettled and empirical as before stated. It is said in the *Med. Times and Gaz.* (Aug. 25th), that at the London Hospital Dr. Fraser is now ordering for his patients a mixture containing chlorate of potash and dilute hydrochloric acid in camphor mixture. Dr. Clark has treated some of his new patients with the tincture of the sesquichloride of iron and quinia. Dr. Davis still gives calomel.

The same journal of a later date (Sept. 1), states that at the London Hospital the injection of fluids into the veins is still being tried in a few cases and in two the results have been favorable. The subcutaneous injection of water has been tried in a patient in collapse. The patient died. One patient recovered who was treated by draughts of warm water.

In the *Lancet* (Aug. 18), it is stated that Dr. Fraser, in the London Hospital, "has been making a trial of the much-vaunted "Rubini" specific. This, as our readers may remember, consists of a highly concentrated solution of comphor in alcohol, the dose being from five to twenty minims, every five minutes, on sugar or in water. The solution was used in, perhaps, seven or eight cases. It was found, however, that the camphor was deposited and collected upon the tongue. As a result it clogged the mouth, and in one case of severe collapse, where it had been given in tenminim doses every five minutes, it required to be removed with the handle of a spoon. Patients in collapse were not able to suck sugar, and the addition of water caused a precipitate of the camphor, which, if swallowed, was immediately rejected in a small, round, gummy mass. The patients in several instances begged that its use might be discontinued on account of the distress it occasioned. In some cases it was tried every quarter or half hour, but always with the same result, the camphor being rejected by vomiting. As the remedy was found so impracticable it has been since discontinued.

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M. B. GRAFF, M.D., Secretary.

(Dr. Bartholow—Post-Mortems.)

Dr. Bartholow stated that he had fed fresh Cholera evacuations to dogs without any result, but the dried matter had on being taken into the dog's stomach produced one copious, watery discharge. In reply to questions of Drs. Richardson and Carroll, he stated that he had carried his post-mortem investigations as far as the second cervical vertebræ, but no farther. And that blood had always flowed on section of the liver, proving that there was blood in the portal vein, after death from cholera.

Dr. Carroll referred to a case in which there was total suppression of urine, for five days, the patient subsequently recovering.

Dr. Tom Wood mentioned a case in which sulphuric acid had heen the only remedy used, in which transparent epithelium and albuminous flocculi were mixed through the evacuations. He had never seen a similar case. The patient died.

Dr. D. S. Young reported a case in which the evacuations per ano and ore were green, and yet the patient had cramps and was collapsed. Had seen two cases in which a fine granlar matter, like sand or corn meal, was detected in the stool.

SEPTEMBER 17th, 1866.

Dr. Muscroft reported the case of Dr. G., who when twelve years old, received some injury to the hip joint, resulting in lameness. Was called to see him a week before his death Found him suffering from profuse diarrhœa, and pain in the hip. Considering the diarrhœa the first thing to be attended to, prescribed for and checked it. He then examined the hip, found it swollen and tense. At the same time noticed that the urine was cloudy, and there were frequent discharges of fetid gas from the bladder, following this, in a few days, was a discharge of putrid pus.

Diagnosed either gangrene of the bladder, or pointing of the abscess of hip into said viscus. Patient lay on sound side, the swelling extending from the fold of the nates to the back of thigh, aud threatening to point. Called Dr. Tom Wood in consultation next day with the design of opening abscess, but found the patient dying. Death took place in a few hours. *Was unable to obtain a post-mortem.*

OCTOBER 1st, 1866.

Dr. Unsicker reported favorably on the use of strong tea made of the dried leaves of the common chestnut tree (*Fagus Castanea*) in Whooping Cough, shortening the length of the disease and allaying the violence of the cough.

In reply to Dr. Carroll's question as to the recurrence of cholera in the same individual. Dr. Talliaferro stated that he had a patient who had cholera in 1849, and again in 1866. Had had it himself three separate times, viz.: in 1832, 1849, and again in 1866. Drs. Buckner and Unsicker also each knew of patients having cholera in 1849, and again in the late epidemic.

NEW THEORY OF DIABETES.—M. Mialhe read a paper before the Academy of Medicine in Paris, on the 1st of May, wherein he proposes a new theory of diabetes, and says: "Hitherto I was under the impression that the cause of diabetes was a defective alkalinity of the blood, which prevented the complete destruction of glycose in the economy. I still think that glycose and its allied substances are decomposed, oxydized, and burned (thus becoming generators of caloric) by means of the alkalines contained in the blood, an opinion shared by such great chemical authorities as Lehmann and Liebig; but I consider, besides that glycosuria is not altogether owing to an abnormal composition of the blood, but to nervous influence. M. C. Bernard also possesses this opinion though he limits such influence to the pneumogastric nerve, whilst I hold the nervous affection to be general. Hence I look upon diabetes as a chronic nervous complaint, involving all the nerves engaged in regulating the secretions."—*London Lancet.*

Correspondence.

Cholera: additional communication from Dr. W. H. Mussey.

[We have received the following matter which may be regarded as supplementary to the communication from Prof. Mussey to the Board of Health, published in the last number of this journal.—Eds. L. & O.

Addendum to the Communication to the Board of Health.

In relation to the cases of cholera in the family at Portsmouth, referred to under date Sept. 10th, I have the following corrected account from D. B. Cotton, M.D., under date Sept. 13th, 1866. W. H. M.

"Henry Vollrath, clerk at 'Hall House,' corner of Ninth and Sycamore Streets, Cincinnati, was taken sick of cholera on Sunday, August 12th, in the forenoon and died in the evening of the same day. His father and sister left Portsmouth on Monday, arriving in Cincinnati on Tuesday morning, and found the body at the undertaker's, packed in ice. They had it enclosed in a metallic case, returned, and arrived in Portsmouth Wednesday noon, having the interment the same evening. The covering on the glass of the case was, removed at the grave, but the case itself was not opened. On Sunday, (19th,) while on the way to church, the father. Peter Vollrath, was seized with cholera, taken into a house and died the same evening. A son, nine years of age, died on the following Saturday morning, August 25th, was precribed for with reported dysentery on the 21st. On Monday morning, August 27th, the mother took the cholera and died at 4 P. M. She was an intemperate woman, and was reported to have drank 'fifteen dollars worth of brandy' since the death of her husband. On the following Friday, August 31st. the sister, Elizabeth, was taken with cholera and died at 5 A. M. the next day. She had accompanied her father to Cincinnati, had been with the family during the sickness, and was exhausted and harassed. On the day previous to her attack, she *had cleaned her father's house, packed up the furniture, and washed the clothes, and ironed them on the day of her attack.* She had had diarrhœa ten hours previous to calling a physician.

"A young lady died of cholera in the next house to Mr. Vollrath's last week, am unable to state whether she had been at Vollrath's house or not. There has been one other case of cholera in no way connected with them, which make up the cholera report of Portsmouth."

REPORT OF THE BRITISH CHOLERA COMMISSIONERS.

The British Cholera Commissioners to the Earl of Clarendon.
(Received June 6.)

CONSTANTINOPLE, May 25, 1866.

MY LORD: In our dispatch, No. 20, of the 22d inst., we informed your Lordship that the "Commission Pleniere" of the Cholera Conference, appointed to report upon the first and second groups of the programme, had finished their labors, and that their report would be submitted to the Conference immediately after being printed.

We should have deferred any further notice of the abovementioned report until the Conference had decided upon it; but as we have observed in the public prints just received, that England is threatened with an invasion of cholera from neighboring Continental ports, and that some difference of opinion appears to exist as to the measures to be adopted, we think the emergency justifies us in departing from the ordinary course, and in forwarding at once to your Lordship the conclusions of the "Commission Pleniere" bearing upon the most important points of the propagation of the disease.

We may observe that the "Commission," whose conclusions are embodied therein, is composed of three of the diplomatic and of all the medical delegates, comprising, altogether, twenty-four out of the thirty-six members of the Conference, and that with the exception of one medical delegate, who was absent on duty during the latter half of the discussions, the sense of the conclusions numbered 1 to 6 was unanimously adopted. We have reason to believe that the absent delegate would have voted with the rest of his colleagues. On the 7th there was some difference of opinion.

The conclusions comprise the following points:

1. That cholera is communicable from the diseased to the healthy.

2. That it may be communicated—

(*a.*) By persons in the state of developed cholera;

(*b.*) By persons suffering from choleraic diarrhœa, who can move about, and who are apparently in health for some days during the progress of the disease.

These last, from their passing unquestioned and unsuspected, are the most dangerous to the communities amongst whom they move.

3. That the discharges of those in a state of developed

cholera, or in a state of choleraic diarrhœa, become the chief means by which the cholera poison escapes from the system, and, by mingling with the pure air or water, diffuses the disease.

4. That cholera may be transmitted by exposure of persons to the atmosphere of buildings, places, or vessels which have been occupied by cholera patients, and to the emanations from clothes, bedding, or other articles which have been in contact with diseased individuals, or which may have become soiled by their discharges.

5. That when infected articles or places are shut up and excluded from free air, they preserve their dangerous qualities for an indefinite length of time, and, on the other hand, the freer the exposure to ventilation, the more rapidly they become innocuous.

6. That there is no reason to suppose that cholera is communicable by actual contact between individuals.

7. That the period of incubation, counting from the time of the reception of the poison to its manifestation in some form or other, is short. That the disease may show itself in two ways: First, by inducing fully developed cholera decidedly and rapidly; secondly, by producing slight disturbances among which diarhœa may be considered the chief, and which may sooner or later pass into some more or less decided choleraic manifestation. The "Commmission" consider that the incubation in the acute form is generally rapid, and that it seldom or never extends beyond a few days from the moment of infection. There was some difference of opinion as to the duration of choleraic diarrhœa, and as to the time it may continue to be infections, the great majority of the Commission considering that persons with diarrhœa which has lasted eight full days from the commencement of the period of observation, without showing any indications of a choleraic nature, may be excluded from the class of cholera patients. The minority think that the choleraic and infectious diarrhœa may last for several weeks.

In mentioning the views of the Commission upon some of the most important points in the history of cholera, we beg to lay before your Lordship our own opinion of their practical bearing. We have little doubt that the Conference will recommend measures of restriction of intercourse between the sick and the healthy; but as it has not yet entered upon the measures to be taken, we must be understood as representing our own views only in stating that we believe that it logically follows from the above conclusions that if we wish to prevent the spread of cholera, or its introduction into places free from it, measures should be taken to restrain communication between those suffering from the cholera and the healthy.

Examples taken from the history of the present epidemic most strongly support the opinion of the great advantage of such measures. We may mention that Sicily and Greece completely escaped the disease which was raging around them in 1865. Sicily entirely cut herself off from all communication with diseased places. Greece caused all her arrivals from infected localities to perform severe quarantine at four islands —Delos, Pondiconyssi (Salamis,) Skiatos, and Vido—and held, no intercourse with infected places.

The good results of isolation in the cases of Sicily and Greece are hardly negatived by the examples of what occurred in other places said to be invaded in spite of restrictive measures. The quarantines enforced at Marseilles and some other ports of the Mediterranean were ineffective, either from their incompleteness or from their having been established too late—that is, after direct communication with infected ports had taken place.

It seems to us that in the case of ships or passengers arriving from infected neighboring ports, the following measures might advantageously be adopted:

1. No persons should be allowed to land previous to efficient inspection by medical men appointed for the duty.
2. The healthy passengers should be removed from the ship, and isolated for a period which need not exceed five days, at the end of which time they should be again inspected, and if found without choleraic symptoms should receive pratique.
3. All persons with cholera or diarrhœa at the time of arrival, or at any period of the detention, should be isolated from the rest, and removed to a separate place. Cases of diarrhœa should be retained under observation until the diarrhœa is cured, or until the medical officer in charge is satisfied, from the features of the disease, that it is not of choleraic nature.

We think that the time of observation in such cases of diarrhœa should not be less than eight days from the commencement of seclusion.

Persons having a medical certificate of being sufferers from chronic or symptomatic diarrhœa should follow the rule of the healthy, subject, however, to the discretion of the medical officer in charge.

As the time occupied in the voyage between England and the neighboring ports is short, we have not included it in the period of observation.

We further think that the complete disinfection of the effects of persons coming from contaminated places should be insisted on, and that the period of the isolation of persons should be from the time that they are separated from their suspected property.

All persons (including medical officers) employed in the Quarantine Department who in any way come in contact with the ships, passengers, crews, or effects that have arrived from contaminated places, should follow the same rules as the arrivals themselves.

With respect to persons detained in the sick departments of the quarantine stations, the destruction or disinfection of all articles used by them should be imperative.

The application of chemical disinfectants to the discharges, the disposal of these below the surface of the soil, if on shore, and beyond the possibility of contaminating water used for drinking purposes, are indispensable.

The above measures would require the following conditions at each quarantine station:

1. An establishment for the reception of the healthy, capable of completely isolating successive parties of arrivals in distinct classes, well separated from each other.

2. An establishment for the reception of the sick, with an isolated convalescent establishment.

Each of the above should be provided with latrines, having moving receptacles, which should be daily emptied and purified.

3. An establisment for the purification of effects.

The establishments required would certainly be large, but a small number of them placed on a few points of the coast would suffice if all the ships carrying passengers from infected ports were made to pass through them before receiving free pratique.

We consider that islands lying at some distance from the coast would be the most desirable spots for the institution of quarantine stations. On these wooden—or, still better, iron—constructions might be rapidly raised. In summer weather isolated camps, with tents, might be formed.

The principle of isolation, adapted to present circumstances, should, we think, be carried out within the country when the disease has found a footing on shore.

We can not too strongly urge the necessity of excluding from workhouses and general hospitals any forms of choleraic disease.

The sick poor should be cared for in special and isolated institutions.

We have based the suggestions which we have taken the liberty of submitting to your Lordship upon the supposition that all the agents employed shall be of an intellectual and upright class, that they shall be specially instructed to watch attentively, and without exciting their suspicion, the persons placed under observation, and report to the medical officers every visit made to any one of the latrines. Without the aid of intelligent and trustworthy agents, it would hardly be possible to limit safely the period of observation to so short a time as above stated.

While convinced that all personal effects should be thoroughly disinfected, we do not think it necessary to extend the measure to mails or to ordinary merchandise.

At this distance we forbear to enter into the question of the possibility of practically enforcing the foregoing measures for general passengers in the narrow seas, though, if applied, we do not doubt of their advantage in a medical point of view. We feel confident, however, that they could be readily carried out in the cases of masses of persons, as in those of the German emigrants who conveyed the disease from Rotterdam to Liverpool.

We also abstain from entering into details upon measures of restriction and matters of general hygiene, which we consider are none the less called for because we hold the disease to be capable of transmission.

We therefore limit ourselves to repeating, that, whatever other important measures are taken, among the most essential should be reckoned, at all times, and in all places, those which recognize the possible communicability of the disease; the necessity of complete isolation of all choleraic patients from healthy individuals; the destruction or disinfection of all wearing apparel that may have been in any way contaminated by the sick; the complete disinfection, by chemical means, of all discharges derived from them; the evacuation, if possible, of contaminated ships and habitations of all kinds and their complete purification.

We beg leave to observe that while recognizing the communicability of cholera, we consider that with due precautions as to ventilation, scrupulous cleanliness, and attention to the disposal of the clothes and other effects, and of the discharges of the sick, the patients can be handled without undue risk to those employed, and that, therefore, nursing in cholera is less dangerous than in some other contagious diseases.

We are well aware that measures similar in character to those which we suggest have already been recommended by Dr. Budd and others. We do not, therefore, present them as new; but having had the honor of being appointed by your Lordship to attend the Cholera Conference, the main object of which is to prevent the spread of the disease, and having been obliged by the nature of our duties here to direct special attention to all that relates to it, we hope that we shall not be considered as going beyond our province if, in this actual crisis, we add our voices to those who advocate restrictive measures, and state our conviction that these would be most effective in their result if employed early with vigor and completeness.

We have, etc.,

W. STUART,
E. GOODEVE,
E. D. DICKSON.

ICE-BAG TREATMENT OF CHOLERA.—W. W. Reade, in a communication to the *Lancet*, (Aug. 18th) states: "I see that the *Lancet's* correspondent from Southampton has already stated that the ice-bag treatment has been abandoned in the town, and that "impartial observers consider it worse than useless." It was tried here under Dr. Chapman's personal superintendence. He had six cases under his charge. Of these two died; and as he left the town without giving me instructions to pursue his treatment in the four other cases (one of whom was in a dying state)—indeed, without informing me of his intention to leave the town, I did not pursue his treatment, nor had I any desire to do so. The ice bag was applied to the spine of one patient (Eliza A——) continuously for twenty-four hours, by his direction, although she did not cease to vomit at short intervals all that time, and although she repeatedly implored that it might be taken off. Dr. Chapman, who at first was going to cure cases in collapse with his ice-bag, *now* states that it must be applied in an early stage of the disease; but in this hospital we have been able to save all our patients in an early stage of the disease by means of remedies which are less troublesome and more humane."

Special Selection.

The War in Germany.

The number of wounded soldiers brought to our hospitals is immense. Our extensive permanent hospitals together with the great number of those erected for the exigencies of war, are quite insufficient to receive all the wounded warriors arriving here day after day from the battle-fields of Italy and Bohemia. Our railway stations, our barracks, a great number of private and public schools, and other institutions, are converted into hospitals, and very many poor sufferers have yet to come. The battle at Custozza, the bloody struggles of Nachod, Skalitz, Munchengraetz, Gitschin, where we lost many thousands of gallant men, were mere trifles in comparison with the battle of Sadowa, near Kœniggraetz. The amount of our loss and that of the victorious Prussian army is not yet exactly known, but there is no doubt that the battle of the 3rd of July ranks amongst the most sanguinary ever fought; we hear of forty to fifty thousand men who were wounded, killed, and drowned on this one day. Undoubtedly your own daily papers will give you more reliable accounts regarding the loss of both sides than I am able to give, as our Government withholds, with its usual unjustifiable caution, an accurate knowledge of the events from the nation, whose sons have bled for their country.

The plan followed with advantage during the wars of 1859 and 1864—viz., to remove the wounded soldiers as soon as possible from the scene of struggle, and to distribute them throughout the different towns and provinces of the empire with special regard to the native country and birth-place of the individual—is also carried into effect in the present campaign; but the communication in many parts of the provinces being interrupted, the majority of the wounded are brought to Vienna where they are received with the utmost kindness by the population.

Respecting the medical and surgical aid, much care has been taken to provide for the armies—both that operating in the south and that in the north—a sufficient number of skilled medical officers. Besides the large staff of military surgeons attached to the different corps, and field and garrison hospitals of the acting armies many private practitioners of high standing in the profession hurried to the battle-field to relieve their suffering brethren. Amongst these I may mention Dr.

von Pitha, the Professor of Clinical Surgery in the Vienna Army Medical School (Josefinum), who is attached to the headquarters of the southern army; and Dr. von Dumreicher, Professor of Clinical Surgery to the Vienna University, who left with ten assistants for the headquarters of the northern army. There are many others, whose names are held in honor by us. Besides those medical practitioners whose circumstances permitted them to hasten to the actual scene of strife, the medical and surgical societies of this and other towns vie with each other to render aid to their wounded countrymen. The College of Physicians (Doctoren Collegium) of this town has formed a committee for the purpose of examining and dressing the wounds of the sufferers as they arrive, of accompanying them to the different hospitals, and of occupying there the places of their military colleagues who were obliged to go to the battle-field. Day and night you will find at the railway stations, and at all other places where the trains stop for some time, a great number of private practitioners, all doing their charitable work quite gratuitously; and that this work is not a very easy one you may judge from the fact that there were days when from fifteen hundred to two thousand men, more or less severely wounded, arrived at the station. In the field hospitals the surgeons also do their best. During the last week I had myself the opportunity every day of examining the dressings of many hundred men, and must confess to having found them as orderly and cleanly as if the wounds had been dressed but a few hours, whilst in fact this had been done in many cases a day or two previously. Up to the present time, the slighter wounded have almost exclusively been sent to the interior of the empire, for whose conveyance complicated arrangements are not wanted. These arrangements, however, are sometimes too simple, and I am sorry to state that I witnessed the arrival of several hundred wounded soldiers, lying in carriages quite open, and thus exposed to the inclemencies of the weather—a state of things which can by no means be excused by the want of better arranged modes of conveyance.

Regarding the kind and degree of the inflicted wounds, the treatment, hospital accommodation, etc., I shall write in a few days' time. To-day I will conclude with the mournful notice that our excellent surgeon Prof. von Pitha, by whose endeavors many hundreds of soldiers' and officers' lives have been saved, has lost his only son, who was killed in the battle of Skalitz.

Vienna, July 9th, 1866.

Reviews and Notices.

A Practical Treatise on the Exploration of the Chest; and the Diagnosis of Diseases affecting the Respiratory Organs. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital. Second edition, revised. Philadelphia: Henry C. Lea. 1866.

This is the second edition of a work, which first attracted the favorable notice of the profession ten years ago. Since that time the author has enjoyed large and unusual facilities for the cultivation of this special field of medical diagnosis. For three years he was connected with the New Orleans Charity Hospital, and most of the time subsequently with the Bellevue Hospital of New York, and during many years he has been engaged in teaching from the bedside the art of auscultation and percussion; so that Prof. Flint has come to be regarded as good authority in whatever pertains to the exploration of thoracic diseases.

It seems to us scarcely necessary to review with minuteness the plan of the book before us, inasmuch as it is both well known, and to some extent there is a fixed necessity in the character of its arrangement. Thus we have two introductory sections devoted to the anatomy and physiology of the respiratory organs and the topographical divisions of the chest. The remainder of the volume is about equally divided between two parts—the first treating of the different methods of exploration, etc., and the second giving the individual and differential diagnosis of the various diseases affecting the respiratory organs.

There is no material change in the plan of this edition as compared with the first. It is largely rewritten, however, and its modifications are intended to present the various topics discussed in the clearest style of expression for the easy understanding of the student.

The manner of Prof. Flint is natural and agreeable, and we are sure his book will continue to commend itself to the favorable regard of American students and practitioners.

The publishers have presented the work in good style—the paper and typography being excellent.

For sale by Blanchard & Co. Price $4.50.

Medical Diagnosis; with special reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M.D., Lecturer on Clinical Medicine, and Physician to the Pennsylvania Hospital, etc., etc., etc. Illustrated with engravings on wood. Second edition revised. Philadelphia: J. B. Lippincott & Co. 1866.

One of the noticeable points in Practical Medicine of the present day, is the evident progress we seem to be making in the cultivation of those elementary departments of our professional knowledge which give accuracy and certainty to our art. Of these we may name physiology and pathology as branches of investigation which are receiving deserved attention, and are making steady advances. Intimately connected with these, especially the latter, we may also name the important department of our art embraced in the scope of the book before us—Medical Diagnosis. As some evidence of the success which our author has reached, we are pleased to notice that the first edition of his work was only issued two years ago, at which time we gave a favorable notice in this journal; and the demand for a second edition so soon is we think a well deserved compliment to its value.

As a satisfactory work of reference in our private studies, as well as a convenient hand-book for clinical instruction, we have had occasion to make a frequent and careful study of Da Costa, and for the most part with a great deal of pleasure and profit.

In the revision of the work there have been added about ninety pages of matter—and the illustrations have been materially increased. We observe that the principal additions are to be found in the chapter on diseases of the brain, of the larynx, of the blood, on the urine, and on parasites, and in the section on abdominal enlargement. The explanation and illustrations of laryngoscopy are very satisfactory, giving the student a clear idea of the mode of procedure. So too we find the instructions for determining diseases of the heart and their diagnosis systematic and concise. We are apt in the study of physical diagnosis to have our attention largely directed to thoracic diseases. In this work there is abundant space devoted to this region, while at the same time the chapters treating of the various other organs are full and reliable.

The typographical execution of the book is beautiful; the paper is finely calendered and tinted, and the letter-press distinct and readable. We always feel like expressing our thanks when publishers are so thoughtful of the comfort and eyesight of the reader.

For sale by Robert Clarke & Co. Price $6.00.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, M.D., Professor of the Principles of Surgery, Military Surgery and Hygiene, and of Fractures and Dislocations in Bellevue Hospital Medical College; and in the Long Island College Hospital, etc., etc. Third edition, revised and improved. Illustrated with Two Hundred and Ninety-Four wood cuts. Philadelphia: Henry C. Lea. 1866.

Hamilton on Fractures and Dislocations is a work of a vast amount of labor and research, and many years of patient toil. Much that constitutes the present work made its first appearance in consecutive contributions to the *Buffalo Medical Journal*, and even in that irregular form attracted a great deal of interest and attention, an interest materially increased and established when the first edition of the present work was presented to the profession, which was in 1859. The steady demand for some such standard authority has now called for this third edition, which indicates the favor with which it has been received.

In the first place Prof. Hamilton's book is a judicious guide to the practitioner in the diagnosis and management of this extensive field of surgical accidents; the perfect storehouse of appliances which are described and illustrated, renders it certainly the most complete work of the kind in this country, and perhaps there is nothing superior to it in any language. But it has proved something more than a practical guide for the surgical practitioner—it has set at rest a vast number of points in litigation—and has doubtless proved the effectual shield to many an innocent surgeon, who would otherwise have been severely mulcted in damages for malpractice—growing out of bad results, now settled as in almost all cases necessarily unavoidable.

Our author states that in the preparation of this edition he has studied carefully the cases and observations which have found a record since the date of the last edition. He has also added a considerable number of observations from his own private practice, but most of all from the ample fields of instruction, the Bellevue and Charity Hospitals, New York.

There have been some changes in the wood cut illustrations, either with a view to rendering them more satisfactory, or to render certain points better understood than in previous editions.

The statistics of the United States and Confederate armies have afforded material for the description of gunshot injuries that has especially increased the value of the chapter on that subject.

Dr. Hamilton's treatise is destined to rank for a long while as the leading authority on this subject, and we commend it once more to our readers with more than usual pleasure.

For sale by R. W. Carroll & Co. Price $5.75.

Orthopedics ; A systematic treatise upon the Prevention and Correction of Deformities. "In the practice of Surgery, we have more frequently to lament the inefficiency of the art, from the advanced stage in which diseases are presented to us, than from anything incurable in their nature."—Thomas Copeland. By David Prince, M.D. Philadelphia : Lindsay & Blakiston. 1866.

The author of the interesting little volume before us, is one of the most industrious and prominent surgeons of Illinois, and his contributions to our professional literature are always valuable. For many years past Dr. Prince has directed much of his special attention to the study of this department of surgery, and we now have as a special monograph, this manual of practice. The author says his "treatise has been prepared with special reference to the wahts of physicians engaged in general practice."

Dr. Prince frankly credits the more elaborate works on Orthopedic Surgery, and claims to have sifted and condensed all that they afford that is valuable.

We are pleased to see that the medical treatment is not lost sight of in the more showy details of mechanical appliances; and take it altogether we think our readers will find in this an excellent guide to the medical and surgical treatment of many vexatious cases.

The following are some of the more important topics embraced in the plan of the book:

Arrest, redundancy, etc., of development; as hare lip, cleft palate, etc. Muscular contractions, strabismus, inflammatory diseases with impairment of functional movements or destruction of tissues. Particular diseases and deformities, as hip joint disease; lateral curvature of spine; wry neck; talipis; etc., etc., etc.

The whole work is very abundantly supplied with wood cuts, illustrating diseased conditions, and various mechanical appliances for their treatment.

The author deserves much credit for the valuable suggestions he has originated, as well as the able mode in which he has condensed the views and treatment of others.

For sale by Robt. Clarke & Co. Price $3.00.

Editor's Table.

"*War and Disease.*"—The valuable circular recently issued from the Surgeon General's office—intended as information concerning the state of forwardness of the medical and surgical material accumulated from the recent civil war,—was indirectly a partial record of the terrible destruction which war makes upon human life, quite as much in the attendant march of disease as in the direct results of conflict. That circular is also to some extent a record of the valuable services rendered in the late terrible strife by the medical department of the army, in its labors for the hygienic, as well as the surgical and medical treatment of the men, and we give great credit to Surgeon-General Barnes for the invaluable statistics he is maturing from the mass of crude material at his disposal.

Our attention has been more especially drawn to this subject by an article in a recent number of the *London Lancet.* We make some quotations, which our readers—particularly such as have had an army experience—will recognize and appreciate.

> "The calamitousness of war can not be properly computed without the help of medical science. The destruction of life which comes of mere fighting is notoriously only a small proportion of that which is occasioned amongst troops under the conditions of war. This is a fact well understood by all who have given any attention to the subject, but it is one so apt to be forgotten, and yet so frightfully important, that at the beginning of a huge contest like that which seems to be impending on the continent, we only do right in adverting to it.
>
> The comparative difficulty of killing men in a rough surgical way is one of the curious facts shown by war. The large amount of wounding which may be inflicted in the game of war without destroying life is shown both in the small proportion of deaths from wounds to the number wounded, and in the many remarkable cases of severe wounds followed by recovery. Of 12,094 wounded officers and men (exclusive of 2755 killed in action) in the Crimean war, 1840 died, 6681 returned to duty, and 3573 were invalided home. As an illustration of the amount of mechanical injury which may be survived we may instance the following case, taken from the Medical and Surgical History of the British Army in the Crimea:
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> "Private R. Cousins, 77th Regiment, on the 8th of June received a compound fracture of the right thigh, an extensive contused and lacerated wound of the abdomen, by which the peritoneum was lacerated and the intestines exposed, with comminution of the crest of the ilium, and compound comminuted fracture, with much de-

struction of the soft parts, of the right forearm, and implicating the wrist-joint, by a shell explosion. The forearm was amputated. The man ultimately recovered."

A large proportion of the patients who die after wounds, die not, strictly speaking, of the wounds, but by reason of the unhealthy conditions of the system generated by the insanitary conditions of the camp, and of the hospitals in which they are treated.

Disease is really the great agent of destruction in armies ; and it must be accepted as one proof of the unnaturalness of war, that it has hitherto been so frightful in the production of the worst and most intractable forms of disease, the fatality of which greatly exceeds that from mechanical injuries.

Sir David Stewart mentions "that the 92nd Regiment lost more officers and men in four months from the climate of Jamaica than by the hand of the enemy in an active war of twenty-two years, in the progress of which it was twenty-six times in battle." Scrive says that "the losses occasioned by most murderous battles do not equal one-fourth of the total losses to which an army is ordinarily subjected." Drs. Post and Van Buren, of the United States, speaking of the power of war to produce disease, says, "The statistics of armies clearly reveal the fact, that a much larger number of soldiers die from disease, resulting from unfavorable hygienic circumstances than from wounds inflicted in battle. Even the dreadful slaughter of Waterloo and Solferino has been exceeded in its desolating power by the pestilential diseases by which large armies have sometimes been invaded."

Great armies could hardly be gathered together under more unfavorable circumstances, or at a more inauspicious moment. Just when the nations were beginning to see upon what their health and happiness depend, to facilitate trade and mutual intercourse so as to increase their comforts and to develop their resources, just at this moment, with a cholera-cloud hanging over it, a great part of the continent is thrown out of all work but that of war. Epidemic disease is likely to be intensified by the conditions of war extensively prevailing. So the large destruction of male life, the wide interruption to trade and work, and the general distress and alarm, disease generally is likely to be increased in amount and lowered in its character. These are influences that disarrange society ; that kill more effectively than shots and balls and shells ; that take the good tendencies out of disease itself, and reduce the collective vitality of communities.

Cholera in Chicago—Death of Dr. Brainard.—There has been a fresh outbreak of cholera in Chicago during the past few weeks, to such an extent that it was deemed prudent to suspend lectures in the Medical Colleges for a short time. Amongst the victims we are pained to announce the death of the distinguished surgeon, Prof.

Daniel Brainard. We take the following notice from a recent Chicago paper:

Our citizens will learn with profound sorrow that Dr. Daniel Brainard, President of Rush Medical College, died at the Sherman House last evening, at a quarter past nine o'clock, of cholera. He was in good health as usual at six o'clock on Tuesday evening, and had, singularly enough, during the afternoon, read a lecture upon that day relating to the disease with which he was soon afterward attacked.

Dr. Brainard had long held a recognized position among the most eminent surgeons of this country, and enjoyed a reputation abroad such as but very few in his conceded department have attained. His death will cause an irreparable loss to the profession, and to the institution of which he was the head, and will long be felt as a public bereavement by the city with whose founding and growth his life has been so closely identified.

Dr. Brainard had but recently returned from an European tour, and his family are now in Paris. During his illness he was attended by the Faculty of the Rush Medical College.

A meeting of the Medical Profession will be held at the Common Council Chamber this afternoon at four o'clock, to take appropriate notice of the event.—*Chicago Republican, Oct. 11th.*

Death of Surgeon Chas. S. Tripler, U.S.A.—Died, on Saturday, October 20th, 1866, at 4 o'clock P. M., at the residence of Col. Macrae, U.S.A., Brigadier-General Charles S. Tripler, Surgeon and United States Army Medical Director of the Department of the Lakes, aged 60 years.

Dr. Tripler was well known as one of the oldest surgeons in the service. He had been on duty at times in this city, and was highly esteemed here and elsewhere as a high toned and cultivated medical gentleman. His contributions to medical journal literature were considerable, and always of a high order.

Mott Memorial Library.—Mrs. Mott has made a noble contribution to the profession of New York—at the same time that she has erected a perpetual monument to the memory of her husband, the late distinguished VALENTINE MOTT. We take the following interesting account from the *Philadelphia Reporter:*

What the late Piofesser Mutter did for Philadelphia, the widow of the late Professor Valentine Mott has done for New York. At an expense of more than $30,000, she has purchased, enlarged and fitted up, at No 58 Madison Avenue, between 27th and 28th streets, a building, in which are deposited the medical library, and the surgical instruments of her late husband, the distinguished American surgeon, Valentine Mott.

On Thursday evening, the 11th inst., the building was thrown open to the friends of the Institution, and it was formally dedicated with appropriate services.

The building is designed by Mrs. Mott for the twofold purpose of a monument to her husband, and an institution of free instruction to the medical students of the colleges of New York.

The room in which the exercises were held is a fine airy little room, extending the whole depth of the building, which has been extended twenty-one feet. A neat gallery has been added to the hall, with which it has a capacity for seating some 600 persons. The library of the late Dr. Mott, with the shelves prepared for donations, fills the walls of the room. Upon the platform are two fine casts of the bust of Dr. Mott, above which are scrolls bearing the words, "In Memoriam."

The following are the Trustees of the Mott Memorial Library: Hon. John T. Hoffman, Mayor; Hon. Matthew Brennan, Controller; Hon. John K. Hackett, Recorder; Hon. Henry Hilton, Hon. George Opdyke, Hon. Isaac Bell, Hon. Charles P. Kirkland, Rev. Dr. Houghton, A. T. Stewart, Esq.; Charles P. Leveret, Esq.; Philetus H Holt, Esq.; A. B. Mott, M.D.; Austin Flint, M.D.; Isaac E. Taylor, M.D.; William H. Van Buren, M.D.; Edward Vanderpoel, M D.; Mr. L. D Mott.

Board of Officers.—A. B. Mott, M.D., President; Charles P. Kirkland, Esq., Treasurer; Edward Vanderpoel, M.D., Secretary.

The Inaugural ceremonies were presided over by Prof. A. B. Mott, and addresses were made appropriate to the occasion by Rev. Dr. Chapin, Chas. P. Kirkland, Esq., and Prof. Geo. T. Elliott.

The Rev. Dr. Chapin then read a letter from Dr. Samuel Henry Dixon, of Philadelphia, which expressed his regret at being unable to be present, and inclosed the following beautiful lines:

"Happy the shade for whom such trophies rise!
Pride of his order. to his country dear,
Whom all the good, at home, abroad, revere.
While the sad wife, with loving. tearful eyes,
Bewails her mournful loss, she builds her fame
On lavish gifts with light of knowledge stored,
A precious and imperishable hoard,
Most apt memorial to his deathless name.

"High priest of science and humanity!
Of skill unequalled in his noble art
Of courage dauntless, yet of tender heart;
Not soon again the world his peer shall see,
Nor shall his lofty virtue be forgot!—
Teacher! Restorer, loved and honored Mott!"

The Obstetrical Works of Dr. Bedford.—We have received the publishers' circular of the several works of Prof. Bedford, and we are gratified to notice the evidences of their substantial popularity and success. The medical press both of this country and Europe, speak in the most unqualified praise of Dr. Bedford, and the compliments bestowed must be peculiarly grateful to an author. We take pleasure in repeating our own full endorsement of both the *Treatise on Obstetrics,* and the volume on the *Diseases of Women and Children.*

—— Horseflesh for the future, under certain regulations, is to be permitted for sale to the Parisian eating-house keepers. They must publicly notify their use of the *viande de cheval.* Special slaughter-houses are to be appointed, and diseased horses are forbidden by the ordinance. A veterinary inspector must attend at killing times, and the *morceaux* are to have affixed to them a stamp.

Sir William Fergusson, Bart.—The annual dinner of old King's men on the 21st of June was made the occasion of presenting a magnificent testimonial to Sir William Fergusson, Bart. The memorial, to which upwards of three hundred of Sir William's old pupils and colleagues had subscribed, was in the form of a small dessert-service, consisting of a central figure supporting branches for candles or flowers, with four dessert-stands and a set of salt-cellars to correspond. An illuminated vellum book, containing the names of the donors, accompanied the gift, which was presented in a suitable address by Dr. Druitt, who presided on the occasion. The response of Sir William was remarkable for a simple pathos and unstudied eloquence which was the evident result of genuine feeling, and carried with it the sympathy of his hearers far more than could have been done by the most laboriously prepared address. He told his audience, in a few touching sentences, the story of his life; how, even in his early youth, he had some hazy idea that good must come from honest industry; and he readily confessed to an ambition for elevation in his profession, which had never quitted him through his career. The silent attention which was shown whilst he described his arrival in London, without a friend, was broken by a burst of long-continued applause when he pointed to Professor Partridge, sitting by his side, as the first real friend whom he had found in the metropolis. He contrasted his condition at that time with the present occasion, when he looked round upon a circle of friends who had "floated him, as it were, into the position which he had attained."

The audience which he addressed was one to which the tone of Sir William's speech was peculiarly appropriate. It comprised representatives of his class belonging probably to every year of his tenure of office in King's College Hospital. It included, as every such assembly must include, numerous examples of men who, like himself, have had to fight the battle of life through difficulties which are not exceeded by those belonging to any other profession. The simple narration of steady adherence to work and laudable desire for distinction in his career came home with irresistible force to every heart in the large assembly; and when, drinking a bumper to the health of his hearers, Sir William sat down, the ringing cheers which followed showed at once the popularity of the speaker and the success with which his "plain unvarnished tale" had appealed to the sympathies of pupils, who have always regarded their teacher with just pride and well-merited esteem.—*London Lancet.*

—— Dr. Fordyce dined every day at Dolly's chop-house. His researches led him to conclude that man eats oftener than nature requires, one meal a day being sufficient. He made the experiment on himself, and finding it successful, he continued the following regimen for more than twenty years. At four o'clock, his accustomed dinner-hour, he entered Dolly's chop-house, and took his seat at a table always reserved for him, on which were instantly placed a silver tankard full of strong ale, a bottle of port wine, and a measure containing a quarter of a pint of brandy. The moment the waiter announced him, the cook put a pound and a half of rump steak on the gridiron, and on the table some delicate trifle, as a *bonne bouche*, to serve until the steak was ready. This delicacy was sometimes half a broiled chicken, sometimes a plate of fish; when he had eaten this, he took a glass of brandy, and then proceeded to devour his steak. We say devour, because he always ate as rapidly as if eating for a wager. When he had finished his meat, he took the remainder of his brandy, having, during his dinner, drunk the tankard of ale, and afterward the bottle of port. The doctor then adjourned to the Chapter coffee-house in Paternoster-row, and stayed while he sipped a glass of brandy and water. He made no other meal till his return next day, at four o'clock, to Dolly's.—*Temple Bar, from Medical Journal.*

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

MODIFIED LINEAR EXTRACTION.

In Ophthalmology, as in Political Economy, there are two parties, the Conservatives and the Progressionists. In war, victory blesses those who march and fight, profiting by needle guns and other improved implements of warfare; while the intrenchers find themselves flanked. So the glory of unprecedented achievements in modern ophthalmic science justly belongs to the progressive men of the day, at the head of whom stands, recognized by all, Dr. Graefe, of Berlin. His investigations of cataract have resulted in a precision of diagnosis and a certainty of treatment which excite the admiration of all lovers of exact science and well-wishers of humanity. In saying this I do not forget the merits of hundreds of his predecessors and cotemporaries whose names are so dear to the Profession. He has done more to advance our knowledge of cataract and to perfect the instruments and operations for its relief, than any other *one man*. Besides his numerous contributions on this subject, he is now employed in a work which is to give his vast and valuable experience in the treatment of cataract by operations, which he counts by thousands. Within the past year he has published an article on what he terms *modified linear extraction*, which has attracted great attention. This has since been translated into French, with an appendix which he himself has added, recommending some further improvements in the operation. As one of your contributors has already given a detailed description of this method and the instruments used, I will confine myself to a synopsis embracing the modifications presented in the appendix just mentioned. In comparing the merits of extraction and of depression, he justly remarks that, in making up the statistics it is customary to note the results as they are ascertained a few weeks, or at most, a few months after the operations. While it is true of all methods that the numerical results thus obtained differ from the definitive, the difference in depression is enormous. After extraction by a flap, as soon as the wound is healed, it is seldom that any grave accidents occur—while a depressed cataract remains in the eye for a long time, if not permanently, as a foreign body, liable to excite destructive inflammation. Graefe says that among the cases who apply to him for treatment, more than twenty per cent. have been unsuccessfully operated on in one eye previously, and the majority of them by depression. He has thus had an opportunity of ascertaining the history of several hundred persons operated on by the needle, and the date of the loss of vision.

More than half of these unfortunate persons had left their surgeon one or two months after the operation with passable vision, and did not experience disastrous accidents till after resuming their occupations. A considerable number—ten per cent.—did not commence losing their sight till more than six months after the operation. Taking reliable statistics of definitive results, he estimates that only about sixty per cent. of those treated by couching, regain durable vision. In comparing these figures with those of flap extraction, where permanent success is realized in about ninety per cent., it is impossible to doubt that extraction merits the preference. When, in addition to this, we consider the utter impossibility of foreseeing, in any given case, the painful consequences that may arise from a dislocated lens in the eye, and the impotency of all treatment for their relief, it would seem advisable to abandon depression altogether, as has been done by all operators except a few who are too indolent to investigate the subject, or too timid to risk their reputation in an operation where lack of knowledge or skill is so easily detected. In certain conditions of the general health, of the eye itself, and in certain external circumstances, however, the chances of success from a flap extraction are very much diminished. Instead of persisting in the method of couching in such cases, Graefe and many others set to work to modify and perfect extraction so as to make it applicable to all patients under all circumstances. If this has not actually been accomplished, a very flattering approximation at least has been made to it. Previous iridectomy followed by a flap extraction as described by Mooren—was one step in advance. Then Jacobson's method of simultaneous iridectomy and sclerotic flap, diminished still further the dangers of flap extraction. But with these modifications the success was not all that could be desired. Graefe's method of linear extraction combined with iridectomy, as published and highly recommended by Waldan and subsequently improved by Bowman and Critchett, was still only applicable to cataracts with small nuclei and soft cortical substance. The method of the distinguished surgeons of Moorfields differed from Waldan's in two points—a longer incision and a better instrument for seizing and bringing out the lens.

By these modifications they hoped to make the operation of "*scoop extraction*" applicable to all forms of cataract. Prof. Graefe made comparative trials in a large number of cases, of flap extraction and the method of Critchett, as applied to cataracts of all degrees of consistence. Of 118 eyes operated on by the scoop, 7 were lost either by panophthalmitis or irido-cyclitis; 4 preserved only quantitative sensibility to light with alterations of the iris and partial atrophy of the globe. Of the rest (107) 28 to 30 required secondary operations, iridectomy or discision of the capsule, in order to enable the patients to read fine print. After the first operation, 12 of these did not see well enough to find their way satisfactorily. From these observations, compared with flap extraction, the method of scooping gave the following results: 1. The number of eyes *completely lost*, does not materially differ in the two methods. 2. The number of *imperfect cures* was very much *greater* in the *scoop extraction*, than in the flap operation. While in the latter cases, 10 per cent. only required secondary operations to secure good vision, extraction by the curette rendered them necessary in 24 per cent. In the extraction by scooping the duration of the time of confinement is abridged, and the after treatment simplified. But between the two methods it would be difficult to say which is most generally indicated. Not satisfied with either, Prof. Graefe devised still another operation which has proven so successful as to leave little room to desire anything better. After showing that the incisions usually called linear are really small flaps, Graefe defines a linear incision to be one in which the edges of the wound left to themselves, will approximate and unite the most perfectly. If we suppose the cornea to be a segment of a sphere, the conditions for the most perfect coaptation of the wound will be fulfilled when the canal of the incision falls in the plane of the great circle which unites the two ends of the incision. It can be shown by mathematical demonstration that the shortest distance between any two points on a spherical surface is situated in the great circle which passes through those two points. A plane passed through any 2 points on the surface, and the centre of a sphere is called a great circle and marks the shortest distance between those two points. Mariners know this, and follow, not the lines of latitude but what is called the great circle. When the incision is made according to this principle, the pressure from within, upon the two edges of the wound will be equal, and the lips will have the least possible tendency to separate, a condition which favors the healing process in the highest degree. How can such an incision be made? If a spear knife or ordinary cataract knife is used, it can only be done by passing the instrument with its plane in that of the great circle and the point directed towards the centre of curvature of the cornea. Penetrating in that direction, of course the point would very soon wound the iris or the lens. If the incision is to be made at the margin of the cornea or in the anterior part of the sclerotic, the point can only be directed toward the centre of the corneal sphere till it enters the anterior chamber. Then its direction must be changed and the plane of the knife made to pass in parallel to the plane of the iris, or even more forwards. Thus effected the wound necessarily deviates from a linear direction. It results from this that every incision made in the usual way, for peripheric iridectomy, or for linear extraction combined with iridectomy, does not strictly form a linear wound, but one which approximates rather a flap. When the incision is small the deviation is trifling, for the same reason that an arc with a small opening does not differ much from its chord. The longer the wound the greater is the deviation from a linear direction. If we designate by *height of the flap* the distance from the centre of the incision to the centre of the greatest circle which unites the two angles of the wound, we have the following values:

For an incision at the margin of the cornea, of 2½ lines such as is made in ordinary iridectomy, the height of the flap, if the operation is executed according to the rule, scarcely reaches ¼ of a line. It is ⅝ of a line for an incision of 3½ lines, which circumscribes almost ¼ of the cornea. If, according to the English method, the incision is made to embrace ⅓ of the periphery of the cornea, the height of the flap exceeds 1 line. Finally, in an ordinary flap for extraction amounts to from 2 to 2½ lines, according to the extent of the flap If the plane of the instrument is kept parallel to the iris, it is easy to see that the height of the flap, the length of the incision remaining the same, increases as the wound approximates the centre of the cornea; decreases, on the contrary, as it nears the margin of the sclerotic, for the base of the cornea is relatively the largest circle that can be supposed to be passed through the eye, in front of and parallel to the iris, and perpendicularly to the axis of the cornea. If for example, in the ordinary method of flap extraction a semi-circular incision is made in the cornea, one line from its margin, and three lines in extent, the height of the flap will be one and a half lines. An incision of the same length made at the margin of the cornea, would produce a flap of only two-fifths of a line in height. It is precisely these considerations which suggested the desire to make an incision which gives a great distance between the angles of the wound, at the same time that the height of the flap shall be small, as near as possible to the periphery of the cornea, or even in the sclerotic border. The less the height of the flap the less is the tendency of the lips of the incision to separate, the elasticity and the intra-ocular pressure remaining the same.

[To be continued.]

Cases in Ophthalmology.

I have a case now under observation, which shows the difference in the action of the *superior* and *inferior recti* muscles upon the *vertical meridian* of the eye, according to the *position of the cornea.* An Italian, about 30 years of age, applied to me for an operation to relieve him of a marked convergent strabismus. As the deviation was alternating, the vision of the two eyes was nearly perfect, that of the left being slightly less acute than the other. Double tenotomy was performed, and to about the same extent in both eyes. Immediately after the operation the patient saw all objects double and with crossed images, indicating divergence, although in appearance, the eyes were exactly straight. On examination it was found that the patient fixed with the right eye, while the left diverged considerably. In looking horizontally forwards at any erect object, the images were both perpendicular and, of course, parallel. But so soon as the eyes were directed upwards or downwards, in the meridian plane of the body, the false image (that of the left eye) became slanting. When looking upwards, the image was inclined with its top to the right and thus leaned away from the other. In turning the eyes slowly downwards, however, the parallelism was completely restored at the horizontal level of the eye, and lost again below that line, the image then leaning with its top toward the erect one. The evident explanation of this phenomenon is the following. As the left eye was divergent its axis of vision of course approached, or perhaps completely coincided with the plane of the superior and inferior recti muscles. The cornea being in that position, the action of the superior rectus would be to rotate it vertically upwards without exerting any influence on the vertical meridian. But in the rotation vertically upwards two muscles are habitually brought into action—the superior rectus and the inferior oblique. In the right eye which did not deviate from the object, the usual neutralization of the action of these two muscles on the vertical meridian, the one tending to incline it inwards and the other outwards, took place, and hence the meridian remained vertical and the image erect. For the left eye however, in consequence of the divergent position of the cornea. the superior rectus exercised little or no influence on the vertical meridian, while that of the inferior oblique was augmented on account of the same position. Therefore the equilibrium was destroyed, and the vertical meridian was inclined outwards by the inferior oblique, the image of course leaning in the opposite direction. As it was projected to the right of the other, its summit leaned away from the corresponding part of the erect image. In looking vertically downwards, the inferior rectus and the superior oblique were called into play. The image of the right eye remained in its physiological, vertical position ; while the other became oblique with its summit inclined toward the erect image for the same reason stated above. In this instance the vertical meridian deviated in favor of the sup. oblique muscle, inwards. The corresponding image leaned outwards, and in consequence of the crossing, its upper end approached that of the right eye. I did not find an opportunity to extend my researches on the action of the muscles, in other positions of the eyes, till the divergence with the diplopia, has nearly disappeared and the eyes become straight. As the patient is a man of much good sense and self-possession, I established the facts just described, with great precision, and hope they may interest those who have studied the real action of the muscles of the eye, as they have been recently so admirably developed by the researches of Graefe, Donders, Knapp and many others.

Another case which I will briefly relate, shows the irreparable damage often done to the eye, by the inconsiderate use of the nitrate of silver in substance. A young man was attacked by acute trachoma while serving in the army of his country. His physicians everted the upper lids and cauterized the conjunctiva very energetically with a stick of nitrate of silver. It produced such terrific pain that the patient could not open his eyes for about a week afterwards, and then could not see. When he consulted me three weeks ago, I found his condition as follows : the left eye presented an unsightly staphyloma of the cornea and of course was hopelessly blind. The globe of the right possessed its natural shape and size ; but the patient was barely able by his utmost efforts, to open the lids so as to allow the cornea to be even partially inspected. The superior lid was drawn rigidly down over the cornea, and when I attempted to raise it, it produced immediate eversion, and brought to light an adhesion between the centre of the cornea and the conjunctiva, about the middle of the superior edge of the tarsal cartilage. The adhesion was very firm and large, but I could pass a probe around it, through the superior cul de sac of the conjunctiva. By straining his eye open he could see out through the lower part of the pupil, but only very imperfectly, and could barely grope his way around. I passed a blunt pointed bistoury behind the adhesion and detached it, removing afterwards with the toothed forceps and cataract knife, all the conjunctiva that was left adhering to the cornea. He immediately regained perfect control of the movements of the eye and the lids, but the vision is permanently and seriously damaged by the large central opacity of the cornea produced by the cauterization and subsequent adhesion. I propose at some future time, to make him an artificial pupil downwards. The caustic had manifestly produced an eschar on the centre of the cornea and also on the upper lid. The violent closure of the eyes for so many days afterwards caused the cornea to turn upwards and remain in contact with the raw surface of the conjunctiva till permanent symblepharon was the result. Either from the direct action of the caustic on the other cornea or from the violent inflammation excited by it, ulceration and perforation took place, followed by the staphyloma, which we have also since, operated upon to relieve him of the pain and deformity, and enable him to wear an artificial eye.

The application of the pure nitrate of silver in substance to the eye, unless very exceptionally, and then with great care not to use it energetically or let it touch the cornea, should be excluded from practice. It is an *unmitigated outrage on humanity*, both in its direct and remote effects. I have seen so many cases like the above, where terrible and irreparable injury had been done to the eye by reckless cauterization, that I can not too severely condemn it.

About six weeks ago I extirpated a healthy eye from a farmer 55 years of age, in consequence of a cancerous tumor of the lower lid and orbit which I thought best to remove. The globe was entirely normal and the vision perfect, but considerations of safety for the patient's life and comfort compelled the sacrifice. I immediately put the eye in water and kept it till night, when the following experiment was made with it to ascertain its state of refraction and other physiological points of interest. When the pupil was presented toward the gas light a beautiful reversed image of the flame was seen through the sclerotic when viewed from behind. When the eye was held near the light, the image was large and less sharp in its outlines. When gradually removed from the light, the image grew smaller and sharper, till, at a distance of about fifteen feet, it reached its greatest distinctness. From that point on, the size and form remained the same, but the image was simply dimmer from diminished illumination. The principal focus or focus for parallel rays, was evidently at a distance of about fifteen feet. From that distance as far as we could discern the image of the flame from the diminishing illumination, the form did not perceptibly change. This goes to establish the fact stated by Prof. Donders, that in fixing the farthest point of distinct vision, eighteen feet may be considered equal to infinity, for beyond that point the accommodation is passive and the image does not perceptibly change. Another fact which I observed, was that the image was most distinct when it fell in the immediate proximity of the macula lutea, and grew less so as the eye was so presented as to throw it toward the periphery of the retina. It ceased altogether to be visible only when it reached the neighborhood of the ora serrata retinæ, and when the plane of the iris still had the slightest possible inclination to the light.

Editorial Abstracts and Selections.

SURGICAL.

I. *Gonorrhœa Caused by Leucorrhœa.*—By **Benjamin Durham, Jr.**, M.D., Chicago, Ill.—Even in the medical profession there is a widespread empiricism with regard to venereal affections. The first application for professional advice made to the medical student is for some remedy which will safely, secretly and quickly remove all symptoms of a " private disease ;" and through life there generally is an unrecognized tendency to consider these disorders as entirely dissimilar to derangements in other portions of the system, since their origin is generally disgraceful, and very many receive with scorn the opinion that a man may contract one of the diseases of this class, viz , gonorrhœa, without transgressing the rules of morality. On account of this early prejudice, some rarely think of this affection as an inflammation of the mucous membrane of the urethra which has proceeded to suppuration, and which often is increased by the irritation of the urine in its passage. But viewing it in this light, we can not avoid the conclusion, that while it is generally produced by connection with persons previously having the same disease, yet it may occur among persons of virtuous habits, and on this point we must receive as conclusive the evidence on which we can rely in regard to other concerns of life. In regard to the cause of gonorrhœa, patients will generally lie, and yet sometimes will tell the simple truth, which is irresistible, because supported by the circumstantial evidence. Recently two cases have come under my observation, where I am willing to place implicit trust in the parties.

A lady consulted me in regard to the possibility of her causing an urethral discharge in her husband. She was well advanced in lactation, had not menstruated since the birth of her child, was in good health, and enjoyed quite moderate sexual intercourse as both husband and wife were watching for the return of her menses. Two days after marital connection her husband complained to her of a slight itching heat of the glans penis, and four days after a discharge. He consulted a physician, who told him he had the gonorrhœa, and prescribed some remedies which readily cured him. The wife then noticed a slight leucorrhoeal discharge which she had not thought worthy of attention; but as her husband wished her to use the medicine prepared for him, together with vaginal injections every trace of disease passed away, though she was unwilling to believe that such a slight discharge could cause a gonorrhoea, when years before, a severe uterine leucorrhoea, accompanying an ulceration of the os uteri, had not affected her husband. Still she had no cause to doubt her husband's purity, especially as he had made no attempt at concealment.

Again, a gentleman of good character complained to me of an irritation of the glans penis, which I supposed was a casual irritation, and so without examination I directed him to syringe out the urethra with cold water, but he returned in two days with a free gonorrhœal discharge. Nine days previous to his first calling he had connection with his wife, and that was the only known cause for this disease. She supposed herself perfectly well, was pregnant, and had not suspected any trouble with herself, though she too had previously been treated for ulceration of the os uteri, and at that time the leucorrhœa had not produced any urethral discharge from the husband.

Before gentlemen sneer at the truth of these statements, let them remember that no means of investigation as yet in our power can discriminate between the suppurative discharges from an inflamed urethra and those from similar mucous membranes. The gonorrhœal discharge consists in an alteration of the urethral mucus (sometimes combined with the secretion of contiguous glands,) which has been called by Ricord "mucopus," and not only may be originated by lawful connection but even without sexual intercourse. Hunter knew of the urethra repeatedly sympathizing with the cutting of a tooth with all the gonorrhœal symptoms, and likewise in cases of gout or rheumatism. Ricord holds similar views. Bumstead quotes Ricord, Harrison, and Latour as teaching the production of gonorrhœa by tubercular deposits, scrofulous diathesis, free indulgences in fermented liquors, terebinthinate medicines, eating asparagus, and prolonged sexual excitement as in the case of a physician who, for nine hours, vainly attempted to overcome the virtue of a woman who resisted all his approaches. But especially does Bumstead bring up proofs of the subject before us, on which Ricord says, "Gonorrhœa often arises from intercourse with women who themselves have not the disease, Any one who studies gonorrhœa without preconceived notions is forced to admit that it often originates from the same causes that give rise to inflammation of other mucous membranes." Diday says. " A man should never forget that gonorrhœa may be contracted from *any* woman." Fournier thinks " gonorrhœa is less frequently contracted from eontagion than from excessive coitus." Bumstead quotes Mr. Thompson, Mr. Skey, and especially Dr B. F. Barker who says he has noticed in *numerous* instances in married life urethritis produced by an acid and acrid discharge from the uterus. Every one who will give this subject much thought will find instances where gonorrhœa originates from coitus at or near the menstrual period, or where the woman is suffering from leucorrhœa. But here the inquiry may be raised—Why then does not gonorrhœa result oftener from marital intercourse ? To this we may answer, that many men are afraid to trust their physicians with a recital of their cases least a suspicion of impurity may be aroused ; secondly, lawful connection is generally without excessive excitement and not long continued ; thirdly, married ladies are generally particular at their toilet to remove leucorrhœal discharge by the use of the syringe ; and lastly, the urethra, as well as other organs, become habituated to the presence of irritants, and thus escapes infection.—*Chicago Medical Journal.*

PRACTICAL MEDICINE.

2. " *On the Law of the Sexes," Or the Production of the Sexes at Will.*—By Joseph Le Conte, M.D., Prof. of Chemistry and Geology in the University of South Carolina, Columbia, S. C.

The following is a very brief extract, condensed from the American Journal of Science and Arts, for July, 1864, and Jan., 1865, of an important memoir of M. Thuny, of Geneva, and of an account of some experiments of M. M. Coste and Gerlee, on the law of the Sexes The original memoir of M. Thuny, was published in the Bibliotheque Universelle in 1863, but, as we have seen no notice of it in the agricultural or physiological journals of the South, we think the intelligent public, as well as the medical profession, will be interested in this abstract.

M. Thuny was first led to his conclusion by the following well known facts :

1. The fundamental or morphological identity of the sexes. From this he concludes that the difference of sexes is due to slight differences in the process of development of the ovum in its earliest stages.

2. That in plants, (those which are uninsexual), the character of the sex may be controlled by the management of external agents.

1. That, according to Huber, the ova of the Bees, if fecundated early, produce workers (females), whilst if fecundation be retarded, until the 22nd day, all the eggs deposited, produced males.

For these reasons M. Thuny concludes that *the sex is determined* previous to fecundation, or rather *by the maturity of the ovum at the moment of fecundation.*

It is well known to physiologists that there is a development, and therefore a history to the ovum previous to fecundation. If no fecundation take place, the development is arrested at a certain stage, and the ovum perishes: but if fecundation occurs, there is a new accession to life's force, which suffices to carry it through all stages of embryonic and extra-uterine life.

Now, according to M. Thuny, during the earlier stages of the ante-fecundation history of the ovum, the sex is female; but, if the development continues without fecundation, it becomes male. By impregnation the sex is fixed forever. If, therefore, impregnation takes place while the ovum is immature, and its sex therefore female, the embryo will be female, but if fecundation is delayed until a late period, when the sex of the ovum has become male, then the embryo will become male.

It is easy to see the important practical applications of the law. In uniparous mammalia the ovum leaves the ovary at the beginning of each rutting period in a very immature condition, and passes slowly through the fallopian tubes, the uterus, and finally, if unfecundated, is discharged.

Now during the whole of this slow passage, the ovum is maturing. If, therefore, fecundation takes place early in the *period of heat*, the sex of the embryo will be female. If later it will be male.

The period of heat, or generative period (as Thuny calls it), here spoken of, must not be confounded with the *season* of heat, or rutting season. All farmers are aware, that during the *season* of heat there are regular *periods of exacerbation*, which in the case of the cow recur about every two weeks. These are the generative periods spoken of by M. Thuny. They are really menstrual periods, and, if attentively observed, are found to be always attended with slight menstrual discharges. Now, if M. Thuny is right, fecundation *at the commencement of the menstrual period will produce females*, and *later, will produce males.* He does not indicate the exact turning point

Anxious to subject his theory to the list of disinterested experiments, M. Thuny gave minute directions to M. Cornaz, an intelligent Swiss stock-raiser, and son of the former President of the Swiss Agricultural Society. These directions were followed in 29 cases, and *in every case, without exception, the desired sex was produced.* First, in order to propagate the breed of a very fine Durham bull, M. Cornaz wished to get heifers, he made 22 experiments and got heifers every time. He then wished to get a few bulls of half breed to sell to his neighbors; he made seven experiments and got bulls every time.

In the case of multiparous mammalia and birds, the test is much more difficult, and the results contradictory. M. Thuny's observations lead him to think that in the domestic hen, "the last eggs laid are the cocks of the clutch." He accounts for this by supposing that in each generative period *several ova commence to operate together,* but are *separated* from the ovary *successively*, and therefore at the moment of fecundation, (which takes place in the oviduct), the last separated are the most mature. M. M. Coste and Gebre on the contrary, find that when several ova are fecundated by *one* copulative act, the first laid eggs produce cocks, and the last hens. These results are in accordance with certain observations which are as old as Aristotle. This great naturalist observed that pigeons laid but two eggs, one of which produced a male, and the other a female. The celebrated physiologist, Flourens, confounded these results of Aristotle, and in addition proves that the egg first laid produced the male, and the other the female. These observations of Coste and Gerbe, and of Flourens and Aristotle certainly seem to contradict the *observations* of M. Thuny on hens ; but that may be accounted for on his *theory* by supposing that during a single generative period, several ova *commence to develop successively and separate successively at the same stage of development*, and continue their development in the oviduct previous to fecundation. Being thus regularly arranged in the oviduct in the order of their ages, and therefore of their maturity. If all are fecundated by one copulative act, the most mature, or the males, would be laid first. Embryologists must settle the important questions we have started. If definitely settled, then it would seem that experiments on hens were best adapted to test M. Thuny's theory ; but until definitely settled, experiments on multiparous animals will avail little. In the meantime, the experiments of M. Cornaz on cattle have never been controverted.

Such is a brief extract of the memoir of M. Thuny, and of the experiments of M. M Coste and Gerbre, intermingled however with some explanations of our own, in order to make the whole more intelligible, we would like to see the subject taken up by some of our intelligent stock-raisers.

The great importance of the theory, if true, both in a scientific and a practical point of view—both to the physiologist and the farmer can not be doubted. But the history of the theory can only be accomplished by intelligent and very careful observers. The physical signs of the generative period differ in different species, and in different individuals of the same species, particularly in domestic animals. It is always well marked in wild animals, but in domestic animals it is often obscure. Close and patient observation will however overcome all these difficulties.—*Nashville Journ. Med. and Surg.*

2. *Alum in Phthisis.*—W. K. Bowling, M. D.—*My dear Preceptor* :—The second number of the present series of your good Journal contains a communication from J. A. Stewart, M.D., on alum as a remedy in phthisis pulmonalis. Hoping to stimulate research on so important a subject, I offer the following in point, (it having been decided by at least a dozen physicians who had treated him that the patient had an abundance of small tubercles in his lungs) :

J. W. aged 27 years, consulted me on March 23, 1866. Had been under treatment for consumption near four years, had spermatorrhœa with frequent emissions, was much emaciated, weight 110 lbs., formerly 165 to 170; appearance hectic, cough bad, with occasional expectoration of tuberculous matter; had not been able to labor for two years, and still failing, I prescribed him the following R, which he used about six weeks, at the end of which time he said he was a new man.

℞ Alum et Potass. Sulph. ʒss.
Ferri Sup. Carb. ʒi.
Copaiba Bals. ʒii.
Pulv. Acacia q. s. M. et ft. paste.
Syrp. Simp. ʒii.
S. A portion the size of a filbert three times a day.

I also ordered, ℞ ugt. ant. et potass. tart. to the chest occasionally. Five months afterward the patient visited me again enjoying robust health and weighing probably 175 pounds. He informed me that he had taken no medicines but those I prescribed, and that the soreness of the lungs, the cough, and the spermatorrhœa were completely relieved by them in three weeks time. He further stated that one month later, he commenced work and has made a full hand on the farm every day since, and had cradled during harvest. He is still well. I am convinced that without medicine he would not have lived through the season, but it remains yet to be determined which of the agents cured him, the iron, the alum, or the copaiba, or was it the combination? I hope your readers in the profession will report every trial that they may have given alum in disease of the lungs.—A. J. Erwin in *Nashville Journal of Medicine and Surgery.*

3. *Antidotes for Strychnia.*—Prof. R. Bellini, after conducting a long series of experiments on poisoning by strychnia and its salts arrives at the conclusion that the best antidotes are tannic acid and tannin, chlorine, and the tinctures of iodine and bromine. These, he maintains, do not act chemically on the poison, but only through the astringent effects produced by the acid on the mucous membrane of the stomach.

4. *The Bromides of Potassium and of Ammonium in Insomnia.*—Dr. O. White, when summoned to the bedside of a lady, found her suffering from delirium tremens in its most violent from. Having known by a previous experience in her case that she would not tolerate opium in any of its forms, he resorted to valerianate of zinc and certain other well known antispasmodics, but, as the sequel proved, without effect. He then tried the following formula: ℞. Potass. bromid., ammon. bromid., aa. ʒ iss. aquæ destill., f. ʒj; solve; cap. min. coch. quaque hora pro re nata. After the third dose, which was taken at one o'clock A.M, she fell into a gentle slumber, and at the end of four and a half hours awoke a little refreshed, but with the more violent manifestations of her disease still present. Through a misunderstanding of his directions, the medicine was then omitted, but after its resumption on Saturday (one o'clock P M.), the third dose procured an eight hours' sleep, so that upon the Sabbath her condition was much improved; her tongue could be protruded without

much tremor; her pulse was nearly natural, although the illusions had not yet entirely disappeared. The doses were then given at noon and bedtime with the most gratifying results, for after nine hours of undisturbed rest she awoke in her usual condition of robust health.

Dr. G. M. Smith called attention to the principles laid down by Dr. Wm. A. Hammond, in his brochure upon insomnia, that the potass. bromid. was suited to the sthenic variety of delirium tremens only.

Dr. Garrish adverted to a case published in the *Medical and Surgical Reporter*, where the insomnia was effectually subdued by potass. bromid. alone.

Dr. Buckley has exhibited the salts in combination, with good results, in doses not quite so large as those of Dr. White (eleven and a half grains), but say seven or eight grains each. He began with their administration in the form of powder, but their deliquescent properties decided him now in favor of the aqueous solution. In reply to Dr. Garrish's query regarding the tinct. digitalis, now so much used, he tells us, in the continental hospitals, he would merely state that his views of the agent were not the most flattering—it had its day once before. He held that delirium tremens was, after all, essentially a self-limited disease, and in treatment he withheld stimulants as much as possible. In fact, a great point in its cure was the ability of the stomach to retain a good substantial meal.

Dr. Van Kleeck alluded to the large doses of the potass. bromid, advised by Dr. Brown-Sequard, of from thirty to sixty grains.

Dr. Post had himself taken the salts in one drachm doses with good effect.—*The Medical Record.*

Business Notices and Acknowledgments.

New Books.

Rand—Medical Chemistry.

Flint—Physical Exploration of the Chest. Henry C. Lea, Publisher.

Prince—Orthopœdics. Lindsay & Blakiston, Publishers.

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Original Communications.

ARTICLE I.

Puerperal Mania.

BY R. E. HAUGHTON, M.D., RICHMOND, IND.

I introduce this subject as a topic of fruitful interest, and one which in the three years past, has presented to me more cases for treatment and investigation, than all the previous years of practice. It is a fearful condition to contemplate or look upon, seeing that in the contemplation of the joys and responsibilities, or in full fruition and realization of them, the mother is suddenly stricken with mania, madness, and she is changed from the loving, confiding wife and mother into a raving maniac, with no love in her eye or beauty in her countenance. She turns her hands, perhaps, with violence upon herself or her child, and wanders in the realms of fancy or despair. The statistics of insanity show that about ten per cent. of all the females found in lunatic asylums, have become the inmates of these institutions in consequence of puerperal mania. It may occur, at various periods, in connection with the process of reproduction. It sometimes occurs during the progress of pregnancy, and when this is the case, it is apt to disappear when the period of pregnancy is completed and the period of involution has been completed. Sometimes as soon as delivery is effected, an improvement is manifest, which eventuates in perfect recovery.

In strong contrast with this fact, some curious cases have been recorded, where women, previously of unsound mind have become sane, and remained so during the whole term of their pregnancy. There is another form of mania and delirium, which occurs while labor is in progress, and is violent and uncontrollable if it occur, but is brief, lasting only during a part of the period of labor. I have seen such a case, and during her pain, there was neither fear nor common modesty. This variety has been described by Dr. Montgomery, a writer of some eminence. It is supposed to arise from the intensity of the pain and is recorded to exist, and is most marked, during or at the end of the second stage of labor. One case is given, where the patient sprang out of bed and seized a razor, with the determination to impulsive suicide. Pain here acting by reflex influence upon the nervous system, seems to have been promotive of suicidal intention. Mental and moral agencies, as well as physical, no doubt, then, may originate mania, maniacal movements, suicidal efforts being the best evidence of mental aberration. But we propose to confine what we shall present in this paper to that form of puerperal mania which manifests itself after labor, from its completion to the end of lactation, and after that time, as the periods of its occurrence are vastly different in regard to periods of time. It might be said, that when occurring after the [illegible] period of involution of the womb, which may vary from thirty to forty days, that if it then occur, it is not puerperal mania. A table of ninety-two cases are given by Prof. Simpson, showing the time of attack after delivery: Sixteen cases were attacked from first to fourth day; twenty-one from fifth to fifteenth day; seventeen from sixteenth to sixtieth day; nineteen from sixtieth to three hundred and sixty-fifth day; nineteen after forced or voluntary weaning.

Thus we see lactation is capable of producing the melancholy and distressing condition we are now discussing, and comes, therefore, as a distant and remote result of the puerperal state, yet certainly dependent upon it. And here I would drop a remark in regard to excessive lactation in its influence upon the general health of the mother. When protracted as it often is, as we have just shown, puerperal mania, or other forms of insanity, may be the result, but it otherwise deranges the health of the mother, often manifested in great general debility, emaciation, loss of appetite, a condition approaching anæmia, if not well marked, shown by paleness, bloodless condition of all the surface, and which can not easily be changed till lactation ceases. Again, its effect upon the health of the child, I am satisfied often after the period of twelve months, is deleterious, and particularly, if during the process of lactation, menstruation should again recur. The fact that the rule is during lactation, that menstruation is in abeyance, when it again occurs is quite sufficient to determine that the lactation should cease, as the two functions are mostly incompatible, yet when I have seen them co-exist, I am entirely safe in saying that there was sufficient evidence in the condition of the child's health, that lactation should be positively forbidden. Upon this matter I do not think physicians are careful enough to point out the deviations of health thus springing up out of the violation of a natural law. But to recur to our subject, we speak first of its causation, or

ETIOLOGY.

The causes of this very singular, yet very interesting, disease, are not under all the conditions and circumstances of its occurrence, clearly understood, and of the many theories in regard to this distressing manifestation of the lying-in-room, none are especially applicable to more than a certain class of cases. Yet the investigations which are being made in pathological chemistry, as well as the investigations of diseases of the nervous system, have already thrown some light upon a class of cases, of which before the year 1843, there had been little or nothing definitely known. The causes of insanity are very frequently obscure; indeed, in some cases, there is no clue to the cause or causes in particular cases, which would account for the mental derangement. In conversation with a physician (of an insane asylum) in regard to causes so far as he could determine, he often found himself, he said, in the dark entirely, as to cause. The condition he could see, but to trace the relation of cause and effect, was by no means readily done. Somewhat so is it in puerperal mania, yet I am satisfied that as a rule the causes of such mania are more easily and definitely ascertained, and, therefore, more readily removed.

HEREDITARY CAUSES.

It is a fact well observed that those persons, in whose families insanity or other mental derangement exists, are more likely to suffer, and often suffer repeated attacks, as often, indeed, as the puerperal state is found to return. It is now estimated that about forty to fifty per cent. of all cases of puerperal mania can be traced to hereditary causes, having been known to exist in the previous history of the family to which such persons belongs. Dr. Montgomery relates a case where a lady belonging to a family hereditarily predisposed to insanity, became the mother of eight children, and after the birth of each one of them, she passed through an attack of puerperal mania. It would seem from this and other facts, that there was some true relationship between insanity from other causes or conditions, and puerperal mania. And yet while hereditary predisposition may exist, yet it would not be sufficient, of itself, to account for the production of an attack. There must be other influences or disturbances of the general health, or mental state effected by the condition of body in which the woman is found, to produce such a state, even admitting that hereditary influence exerted its control. Now in the history of the hereditary law of transmission of tubercle, the law does not develop the disease or its conditions, but when the health of a person, in the line of descent, is impaired, the nutrition arrested, or depraved for a sufficient time, or if it is the result of other intercurrent disease, which induces impairment of nutrition, then the law becomes operative, and tubercles are rapidly deposited. Then hereditariness is a predisposing cause, while confinement, gestation, lactation, is proximate or exciting, and without them in operation, could not and would not be produced the condition of puerperal mania. In regard further to causes of mania, as well as insanity, it is a subject of profound interest not only to the medical man who contemplates it therapeutically, but also does it become more so to the medical jurist, and is a subject about which much has been written, and much controversy has arisen, and yet men differ, and probably will continue to differ Pathologists have differed as to the causative power of varying conditions in producing this form of mania, and have added two additional causes.

ANÆMIA AND EXHAUSTION.

It has been observed that persons who have lost much blood from exhausting hæmorrhages have been attacked with mania, and where there was no cause apparent save the exhaustion dependent upon the loss of blood. It is probable that the loss of much blood in cases where there was predisposition of a hereditary character, might so impair the nutrition of the brain and nervous system as to produce the condition of mania, more particularly as it would be an exciting or disturbing influence operating upon a nervous system, already highly susceptible of morbid influence, having passed through the intensified or exalted physiological state of gestation.

Dr. Marshall Hall has, as a general rule, attributed the occurrence of mania in lying-in women principally to the exhaustion so common to their condition, combined with intestinal irritation. But we see quite as much anæmia and debility in cases where it has not occurred, and therefore these conditions can not be sufficient causes for its production, and when they occur are to be changed by proper remedial agencies, and if mania occur with them it would be right to attempt to change such conditions as well as any other deviations which might be found to exist in such cases. This disease is more likely to occur in those women who have children rapidly, or in those who have twins and nurse those while being pregnant again, producing exhaustion and impairment of nutrition. It sometimes occurs as a sequelæ of convulsions following labor, from albuminuria, and as there is in this condition more fruitful cause for the disease, we shall examine it more fully under the conviction that in most cases it has a toxæmic origin. The pathological lesions are few, and when found are not sufficient to throw any light upon its essential nature. No constant changes are found in the brain or its coverings, and the most marked, and often the only condition, found in the brain is that of paleness or exsanguinity, which favors the idea of anæmia, as having more influence than is commonly accepted in its production. No constant lesion is found in this disease, and therefore may be said to be the result of reflex causes, of centric origin. No doubt, however, that causes of eccentric origin may have some agency in so impressing the organism, through its mentality, as to produce it.

TOXÆMIA.

The total want of or absence of constant lesions, or changes in the brain or its membranes in recent fatal cases of puerperal mania, the rapidity sometimes with which it presents itself, and often as suddenly disappearing, the peculiar phenomena of the disease, as shown in the blood poisoning of other diseases in a toxicological sense, as in poisoning by narcotics, and alcohol, all point to a toxæmic origin of this form of insanity. But if this is so, what is the toxæmic agent? In albuminaria, which is now believed to be the cause of convulsions in the puerperal state, what is the toxæmic agent? It is not definitely settled, but acting upon the presumption that it is an element of the destructive metamorphosis of the tissues and elements of the blood retained and not excreted, the proper course of treatment would be by elimination, which is found to succeed admirably when practised in connection with proper nutrition, so that constructive assimilation may be rapidly effected, as the old and effete elements are excreted and carried out of the system. Objections have been made, not only in confinement, but also in the treatment of puerperal convulsions and mania, to the use of chloroform, because it is said to induce this mania, but we find that as many or more cases existed before its discovery as since, and that most likely it is preventive than otherwise, if used during parturition. If as it is declared by some women, that the agonizing pain they suffer during labor by its reflex agency produces mania, then chloroform would be among our means of prevention by controlling pain. If a toxæmia exist, it is very likely to be in connection with the condition of albuminuria, which is now believed to produce the toxic condition of the blood necessary for convulsions, and if so, mania may exist as a consequence of this condition of the blood produced by a failure of the kidneys to eliminate urea, which when retained acts as a poison, and convulsions are very likely to occur, and as I have just had occasion to observe in my last case, treated in April, the mania followed the convulsions, and the patient was restored upon the principle of elimination by and through the kidneys. The condition of albuminuria is a more certainly discoverable morbid state, which is easily detected by chemical re-agents, and we are not dependent upon simply theoretical speculation for our basis of action, but when albumen is detected by heat and nitric acid, and the specific gravity of urine is increased, we have all the elements of a correct diagnosis and treatment. Few facts in modern pathology are more important than the knowledge of the frequency with which albumen, as detected by the means specified, precede, attend, complicate and follow many diseased actions in the human economy, and when thus detected, it is declared to be evidence of such a condition of the kidneys as points to a failure of elimination, and such products as are the result of destructive assimilation, such as urea, being retained, act upon the nerve tissue as a poison, and is believed to be capable of producing not only convulsions, but puerperal mania. Before Dr. Richard Bright arrested the attention of the profession, and pointed to the subject of albuminuria, thirty-five years ago, these conditions of the puerperal state, though occurring as now, were not understood, and therefore could not be efficiently treated as well as many other morbid conditions, which are now daily and constantly detected in clinical medicine and surgery. And in regard to the ability of patients being able to undergo the more severe surgical operations, the final and determinate test of such ability is the existence of albumen in the urine. If it exist in quantity, your patient had better forego any severe operation. And this same condition is found to be an important element in the history of obstetric pathology, which is considerably cleared up and elucidated by being able to estimate the value of its presence in determining the existence and cause of certain morbid conditions. We have all had occasion to observe, in primipara more particularly, the œdema, which often occurs in the later history of pregnancy, in the lower extremities, and I have occasionally noticed it, in all, the more loose structures about the eyes, eyelids, and when you have thus discovered such a condition in the kind of cases I have mentioned, if you do not know anything of your patient before being called to her confinement, you may look upon such a state as suspicious of, or portending, trouble of some character, and as we now know, it is frequently convulsions, or if you escape them, you have such a condition of the blood, that the nerve centres are irritated, and you may get puerperal mania, still more to be dreaded as a complication of the lying-in room. Puerperal convulsions are often the result of albuminuria, and also is it found to be an antecedent condition of puerperal mania. Prof. Simpson says he has seen albuminuria in connection with mania in four instances, and recently in my own practice I saw one case of puerperal convulsions coming on during labor, and followed, in the first week, after relief of the convulsions, by puerperal mania of the wildest character.

I may be asked how I came to the conclusion that the relation of cause and effect existed between albuminuria and puerperal mania. In this last case I tested for albumen, and found it in large quantity, and not having before had occasion in any case to suspect such condition, I did not apply any tests. But in this case, I am now sufficiently convinced that the œdema which was general, indicated the affection of the kidneys, and when tested, for in the urine albumen was largely present, and that this condition of excess of albumen indicated a condition of the kidneys by which failure to eliminate urea, and its consequent retention, being a poison in the blood irritating the nerve centres, at a time of increased mental excitement, was the cause of, not only convulsive action, but also of the puerperal mania which followed. Rapid elimination by the action of *diuretics*, rapidly cured the malady.

Prof. Simpson says that in four cases only did he, by appropriate tests, arrive at the conclusion, that albuminuria was the cause of the mania, but now concludes that many other cases he had seen before were dependent upon the same conditions. If so, the rule of action deduced from these statements would be, when convulsions or mania occur in connection with confinement, and particularly in primipara, to apply tests to the urine, when if albumen be present, you may be certain of the condition which is acting as a cause of such manifestations. These statements are made into the convenience of formula by Prof. Simpson.

1st. That albuminuria precedes and attends the first access of puerperal insanity in a large proportion of cases, but, perhaps, not so frequently and constantly as it precedes and attends attacks of puerperal convulsions.

2nd. The coagulability of urine in puerperal insanity generally disappears in a very short time after the attack commences, and more speedily than happens in puerperal convulsions.

3rd. That when puerperal insanity recurs in the form of successive attacks or explosions, each attack may be found connected with a new advent of albuminuria.*

This last proposition I think is of more value than either of the others, if found to be true, and therefore I suggest as members of this Association, in the event of having cases, with successive explosions, that the urine be examined each time for albumen. I have seen one case where the repetitions of the attacks continued about every two weeks, with one exception of three months' interval, for ten or eleven months, and finally disappeared entirely. I did not then understand this point so well as now, but shall never let such an opportunity pass me unimproved again. Convulsions, in these cases of labor, often are attended with insensibility, or coma, and if mania occur, it will be after the patient has recovered partially, or more completely, her mind before the maniacal character of trouble is presented. Yet it is not the rule, as I have seen convulsions occur in a number of instances where no mania was developed.

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* Simpson, Diseases of Women, p. 444.

Dr. Churchill states that he has seen puerperal insanity accompany or follow convulsions in more than one case, and instances are recorded by Drs. Reid, Merriman, Esquirol, and others. It has been supposed by some that when mania did occur after convulsions, it was the result of the large or frequent bleedings to control the convulsive action. But albumen found in the urine is now regarded a far better explanation not only of the cause of convulsions, but also of the mania, as pointing out a structural change of the kidney, by which excrementitious elements are retained in the blood. Retention of urea, and perhaps other elements retained, so change the chemical elements and physical properties of the urine, as well also as of the blood, and it is believed by some investigators that urea from accumulation is liable to undergo transformations, and becomes changed into other or new organic compounds, represented by the various alkaloids, and thus produce toxicological results upon the nerve centres, ending in the morbid conditions named convulsions and mania. Dr. Frerichs teaches that the simple decomposition of urea into carbonate of ammonia is the cause of albuminuria, ending in convulsions and coma. He does not believe that urea produces these results, but that as it becomes decomposed, it assumes the form of carbonate of ammonia, which is a poison, and produces the results of which we have spoken. Calvert, and other chemists, have found organic alkaloids in various types in animal decomposition, and throws some light upon the possible existence of alkaloidal poisons produced by the chemical laboratory of the human organism, which may produce insanity, convulsions, puerperal fevers, and a host of other diseases known to attack the puerperal woman. We know well that the whole life and tissues of the woman are greatly modified by the normal, the physiological condition of pregnancy and delivery, even regarded as the highest development of health in the progress of giving origin to the new man, yet after these conditions have gone by, the blood receives the effete elements of disintegration produced by the process of involution, which we are told requires some forty days to accomplish, also that new determinations and new secretions are produced, which also may give rise to reflex nervous irritation and local inflammation, as weed in the breast, or abscess with pus formed and retained, or possibly absorbed by transformation, thus adding to the amount of excrementitious elements already acting deleteriously upon the economy, thus developing special poisons, which may produce diseased states which affect the health and life of the most lovely and interesting members of human society. Let us study, in the light of science, to know more of such conditions.

THE PHENOMENA OF REFLECTED NERVOUS IRRITATION FROM LOCAL INFLAMMATION OF THE UTERUS AND ITS APPENDAGES.

This is a very interesting subject of inquiry, and while it is not strictly within the meaning and limits of our subject, yet I am well convinced of the fact that insanity arises from the local diseases incident to other causes, which when fully developed, produce local inflammation, ulceration, hypertrophy, which, upon becoming chronic, more certainly than when acute, produce so much reflected irritation through the uterine plexus of nerves upon thè brain and spinal cord as to produce mental derangement, which is not curable till you have been able to trace it to its proper cause in some structural change in the uterine, or reproductive system. And to-day many of the troubles of women, which we are called upon to investigate, are reflections of uterine irritation, and when overlooked and maltreated as they often are, terminate in insanity or tuberculosis, or dyspepsia, and permanently ruined health is often the result. In fact, I consider it a reproach to our profession that so many women are annually going to their graves with uncured and badly treated diseases, and it is time that we were becoming aroused more fully to the full comprehension of the magnitude of the responsibility which rests upon the medical man. "Where ignorance is bliss, 'tis folly to be wise," so says somebody, but to be ignorant of what is known and practiced by medical men for relief of afflicted women, with all the means at hand, is to be guilty of a depth of moral and professional turpitude, not pardonable by the people, and less so by the balance of the profession. But to leave this short digression, I will now pass to the signs symptoms, or

SEMEIOLOGY, OR SYMPTOMATOLOGY.

To those unaccustomed to the manifestation of puerperal mania, it would seem that the patient had suddenly been attacked with inflammation of the brain, or its membranes, or both, but morbid anatomy fails to give any evidence, or very rarely, of such trouble, and Dr. Gooch says there is no necessary connection between meningitis or phrenitis, and puerperal mania, and I think he knew as much or more about it than I do. Mania and melancholia are the two forms assumed in the puerperal female, rarely the latter. But now the symptoms of insanity in these cases does not differ in any very special manner. One very common feature during the earlier, and for the most part of the history of such cases is total inability to sleep. In one case I know that loss of sleep was a uniform symptom of the preceding state, and continued to be during its whole history. By some persons, loss of sleep is thought to be a cause, and if I now were to have a patient, before or after confinement, who could not sleep, I would be careful to observe well the symptoms from day to day, and procure it for her by such means as would soothe and calm the already over-taxed nervous system. If sleep was not induced, I would examine carefully the urine, and if albumen was present, I should not be surprised at any hour, to see a development of mania. When the disease begins to manifest itself, there is some incongruity of action or expression made too, knowing that it was out of place, but not having power of will to control it, and will sometimes apologize for the strange remark or act, but will again repeat it, or some other equally strange one, showing some morbid fancy at play. The expression of countenance becomes at times vague, or wild, when some odd or peculiar remark will fall upon the ear in the midst of her conversation which had been rational, giving evidence of the aberration beginning to be set up, and in a few hours or days at farthest, she falls into a complete mania, talking wildly, and wringing her hands, perhaps crying fearful of impending calamity or danger, and may even attempt her own life or that of her child. Sometimes there is a melancholic condition in the beginning of the attack, or at variable periods, after there had been some improvement in her condition. She takes no notice of those around her, or her child, sits moodily, will not speak to her best friends, or if at all, in monosyllables, as if fearful of being heard, and often forms a great aversion to her best friends, fearful of them, supposes they intend to poison her, and thus refuses food persistently for days together. Exhaustion comes as a result, and death, if it occur at all in such cases, is produced by anæmia, and it is the result of lost or impaired nutrition.

PROGNOSIS AND TREATMENT.

In regard to prognosis it is generally favorable. Yet there are just two kinds of danger, one is death, and the second is permament insanity, or melancholia. The opinion formerly that the danger to the patient was in inflammatory status of the brain, or its membranes, which led to depletion, and thus laid the foundation for exhaustion was one of error, and when patients were fed, nursed, and causes of excitement removed, and the pathology settled on a better basis, as it now is, recovery has been more frequently the result. We now in most diseases, above all the symptoms are careful to estimate the value of the pulse its volume, strength, frequency, or its weakness, in determining the probable result of the disease. If a pulse beats 120 or 130 or even 150 with lessened force, we always feel there is some serious trouble, and danger somewhat in proportion. This rule is good in this disease more particularly, as the more rapid the pulse the greater the mania the greater the dangers and as the pulse is found to subside frequently the danger decreases. Still there are allowances to be made in this particular as we find patients recover, who have had an extremely rapid pulse for a time. But as a rule of action when you have found great rapidity of action on the pulse, also find it sharp or irritable and the mania, is wild, and raving, you have reason to fear the death of your patient. Yet they do not all die by any means in such cases as I have had occasion to observe, but great anxiety, is occasioned thereby. While it is true, that there is great danger to the life of a patient with a rapid pulse, it is also quite true that when mania exists and the pulse is not quickened, enfeebled, or much excited, there is little or no danger to her life, however her mind may be in the future. But it seems that death were preferable than loss permanently of the reason. Another fact is found to exist, that when the vascular excitement subsides, and the physical health much improved, yet the mania continues, and when there is much mental, and not much bodily impairment, while there is not much danger to life there is more danger to the reason and fears of permanent insanity, or mania, may be well grounded. How long mania will continue in such cases no man can determine, yet often in a few days, at most in a few weeks, the patients slowly recover. One writer states that two out of three recover perfectly within six months, while there is a number will continue in a state of permanent insanity. We can not make a satisfactory prognosis in such cases because the history of recoveries do not justify a prognosis of safe and permanent recovery in any given case.

Treatment.—The history of treatment will first occupy some attention, then we shall proceed to speak of it in the onset of disease, and then after the disease has been fully established. The history of the treatment of cases of insanity, has been one of cruelty, and superstition, and terrorism, calculated to render insane persons hopelessly incurable, and oftentimes, to shorten life. The history of the mediæval ages give an account of hospitals in England for the reception of patients afflicted with various diseases, but only one in all the number for the reception of lunatics. What the treatment and what the fate, of such of the unfortunate of the human family, would be a subject of legitimate and historical inquiry. We have in the history of the Apostolic age, the history of those who went to certain pools of water, to be dipped or bathed for the cure of certain diseases, and this, no doubt, has been traditional in certain quarters of the world, and practiced up to the end of the last century. But we are more particularly interested in the successful management of such cases as puerperal insanity, which still continue to occur, now and then, to the lying-in woman. As there is excitement of the brain and nervous system, to a great degree, with flushed face and frequent, and free pulse, the question of vascular depletion was the first thought in the mind of the medical attendant. Bleeding was often resorted to, and oftentimes, to the very serious detriment of the patient. Upon the theory of inflammation, this was regarded as legitimate practice, but was not attended with fortunate results, as inflammation is not often a condition of puerperal insanity.

But now all our notions of pathology have very much changed, since the history and nature of disease is better understood, since inflammation itself *approximately*—is better understood, at least, the therapeutic results, are better than formerly. But even before this revolution had begun, Esquirol and others had asserted that bleeding in insanity was injurious and our experience now confirmed the fact, that patients, who have been bled freely in any disease as a rule, recover more slowly, if at all, than under other, more recent and now approved modes of treatment. Then simple insanity in any form, does not require depletion by the lancet, and even if inflammation of the meninges of the brain itself were involved, it is very likely would recover better without the bleeding than with it, seeing that in insanity the vital forces are subject to long taxation, and we are more certain of success if we husband the strength of the patient, instead of wasting the power of the hearts action, and thereby hastening the stage of exhaustion. If arterial action requires control, viratrum viride would free this indication and would not exhaust the forces of life and is a therapeutic agent of great value in certain conditions of the circulation, where there is a necessity for sedation. If there is heat of surface, hot head and cold extremities cold water to the head and surface of the body, and warmth to the feet, will equalize the circulation, calm the mental excitement, and do much good in the way of control. But as the excited state of the circulation is only an effect of the disturbing cause of mania, it will be necessary to use still other means. As the nervous system is in a state of super excitement manifested by a wild expression, incoherent mutterings or a raving delirium, inconstant motion of body, entire loss of sleep, which produces nervous exhaustion as a result; therefore, it is to be controlled, if possible, by such means addressed to the nervous system as will secure sleep and quietness.

NARCOTICS OR NERVOUS SEDATIVES.

Opium has been regarded as among the most certain and reliable given to produce sleep, and also to relieve pain. But it will not always answer our purpose. Opium and Camphor, combined, has been thought to be useful in securing the desired sleep, as in the history of these cases wakefulness is a condition which most commonly precedes the full development of mania. I have used opium and camphor and chloroform in this stage, and found them fail to be of any service but in one case. I was fully satisfied that opium pushed nearly to narcotism did more injury than good, inasmuch as from and after its use, a partial paralysis of one arm occurred which did not recover for many months. Secure sleep, if possible, in those cases, because when sleep occurs there is hope of recovery. One of the great difficulties is to get the patient to take any medicine, as she supposes it is poison, and will not take either food or drink. The dose of opium should be begun with a full dose, and increase it to large doses as rapidly as may be best. One or two grains increased at short intervals, stopping short of absolute narcotism may be given, but with care. There are now other means of using the remedies, by injection, but the hypodermic plan might be used with much benefit when remedies are refused. Morphia is the remedy most commonly used to get the remedial agency of the opiate class, yet in using it in any form, much care should be used. Opium, camphor, and chloroform, have all succeeded occasionally in inducing sleep, and all have failed, yet it is right to give the chances of success which these remedies offer. The internal use of chloroform, combined with the opiate preparations will succeed sometimes, when its inhalation only affords temporary benefit. When all these fail to benefit a patient, then, there are other remedies of the narcotic class, which are thought to have a beneficial action, and occasionally to act almost as a specific in the relief produced by their action upon the nervous system, calming the patient, securing rest, sleep, and composure. Stramonium, cannabis indicus, hyosciamus, belladonna, all are said to be beneficial and have some reputation, more especially the stramonium. In one case in my hands, promoting sleep, and thus, effecting a cure. I do not believe however, in any specific remedy for such disease, and would be guided as well as I can by the known pathology of the case and the proper fulfilment of all its indications. When the organs of secretion fail, and the secretions are found to contain abnormal elements, correction of the process of secretion by attention to the proper organ. The kidneys, secrete a scanty amount of urine, and it contains, albumen, in greater or less amount. Elimination, by increasing the secretion, is a proper indication and should be filled by diuretic remedies. Acetate potassa, digitalis and squill in combination are good remedies for this purpose, and it is remarkable sometimes how soon an amendment is observed, in such cases.

EVACUANTS.

Emetics, purgatives, diuretics, all come in this class, and should be judiciously administered, when there is indication for them, purgatives, are more likely, occasionally to be beneficial than emetics, as the bowels are often constipated, and loaded and a complete evacuation, often affords relief to the nervous irritability. I have seen one case of insanity, when there was no physical ailment, no cause so far as disease was concerned, to account for the insanity, yet her history showed a long continued course of constipation, which probably was the cause of her insanity. If such a condition exist in any case with fœtid breath, coated tongue, we should not hesitate to give a purgative remedy securing a full and free evacuation.

TONICS AND STIMULANTS.

If after these things have been done and there is no relief, and there is evidence of coming or existing debility, the use of tonics and stimulants will support the strength, and aid the vital forces, and finally secure convalesence and cure. These should be used early in the history of some of these cases, and one case was immediately beneficial by direct stimulation aided by proper nutrition; sleep was secured immediately after the effects of stimulants were obtained and the improvement was so marked in twenty-four hours, that the patient became rational and quiet, having been exceedingly wild and delirious. Debility is one of the most common conditions in such cases, and should be met with tonics, stimulants, and nutrients. The refusal upon part of the patient to take a sufficient supply of nourishment, in the earlier history of the attack produces the consequent debility and when the patient is willing to take good nourishment, it is a very favorable indication and should be followed, aided by wine, or other stimulants till the strength is restored; but when the patient persistently refuses all kinds of nourishment, and for a sufficient time, starvation, inanition, and death, are greatly to be feared and some means should be used to introduce food either by the stomach tube, or by injection into the bowels, so as to support the failing powers, and thus keeping the patient alive till she would be brought to take sufficient food, when some improvement had taken place. Cases have been kept alive, in this manner for weeks together, and then make a good recovery.

SUPERVISION.

A patient who is laboring under an attack of puerperal mania, requires constant attention and watching, owing to the fact of a disposition to commit suicide, or personal violence upon her child, which is an insane impulse. I saw a case a few weeks ago, who had this insane impulse to kill her children. yet possessed sufficient control to resist it, and it was then I cautioned her friends not to leave her a moment alone with her children. This was strictly followed and the patient under treatment soon recovered. Quietness, seclusion, a single faithful attendant, who will strictly carry out all the directions of the medical attendant, is often all who can safely see the patient, even nearest friends or relations are often excluded from the sick room.

The menstrual function being in abeyance during the nursing period, or most of it, yet the puerperal patient does not fully recover until this function is established. In one case, a melancholy condition with aggravations of the mania occurred once a month during the lactation, which did not finally disappear till the permanent establishment of the menstrual function, nearly a year after the puerperal attack. Dr. Simpson advises the application of Nitrate Silver to the interior of the uterus, which will re-establish the discharge. There is another remedy which is highly spoken of in the treatment of sexual discharges of woman, and many physicians assert its valuable power; and also by many it is thought to be useful in rheumatic affections. I speak of the actea or cimicifuga racemosa· It is asserted to have considerable power in those conditions of abberrations which occur in puerperal women, as melancholy, nervous depression, etc. I have not used it, but simply mention it as worth notice. Finally the successful management of puerperal mania requires much care and anxiety; not only in the medical but also in the hygienic management; and if so, the large proportion of cases will recover. Yet there is no question that the plan of treatment requires variation and adaption: while opium may be good for one case, stimulants may be required in others. May we carefully consider the accidents, ailments and dangers which surround the lying-in woman, and fortify our minds with all the experience of the past and present, to enable us to frequently discharge our responsibility to this most interesting class of our patients.

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ARTICLE II.

Practical Papers on Diseases of the Throat and Air Passages.

BY EDWARD B. STEVENS, M.D.,
Professor of Materia Medica in the Miami Medical College of Cincinnati.

Rhinoscopy.—Former papers have served to explain some general idea of the plan of procedure, and the leading advantages to be obtained in the diagnosis of diseases of the larynx by *laryngoscopy.* I have desired to give such clear but brief description of the operation, together with wood cut illustrations, that the reader of this journal may for himself enter upon the use of the laryngeal mirror without special instruction. Hereafter we propose to give a series of cases illustrative of practical diagnosis and therapeutics; and connected with these papers, my friend, Dr. Bruhl, has in course of preparation additional contributions bearing upon the same topics. Before commencing these, however, it is our plan at present to explain and illustrate what is meant by *Rhinoscopy*.

Hitherto the inspection of the posterior nares has been for practitioners quite as much a *terra incognita* as the internal space of the larynx. We now propose to study the condition of that region by the same plan of mechanism as is pursued for *laryngoscopic* examinations, that is to say, the principle is precisely the same, the details being but slightly modified.

In rhinoscopy, as in laryngoscopy, a laryngeal mirror is employed, but for our present purpose, a *small mirror* will almost always be found more readily adapted; a slightly different angle of attachment between the mirror and handle will be necessary, but this will naturally occur to the manipulator.

The illumination is made in the same manner; the strong direct solar rays being satisfactory, or a good argand lamp reflected from a Czermak mirror, or a strong cone of light through a Tobold condenser. There will be found, however, a necessity for a more brilliant illumination in rhinoscopy than in laryngoscopy.

An additional contrivance is necessary in this operation, a fenestrated hook with which to hold up, out of the range of vision, the pendant uvula; a little trick also which to some extent serves to expand the opening to the posterior nares and thus still further admit light, and of course facilitate inspection.

Many cases will require the use of a tongue depressor, and it at once becomes manifest that the operator between directing his light, controlling the uvula and velum, holding his mirror, and depressing the tongue, will have employment for all his hands. To obviate this difficulty in part, the patient may be instructed in the use of the depressor, or as is suggested in a contrivance of Voltolini, a shield attachment may be made to the handle of a mirror so adjustable that it serves at once for tongue depressor and rhinoscopic mirror.

With these explanations the reader will be ready to understand the following wood cut, illustrating the mode of procedure, which we copy from *Bennett*—Wm. Wood & Co.'s last edition.

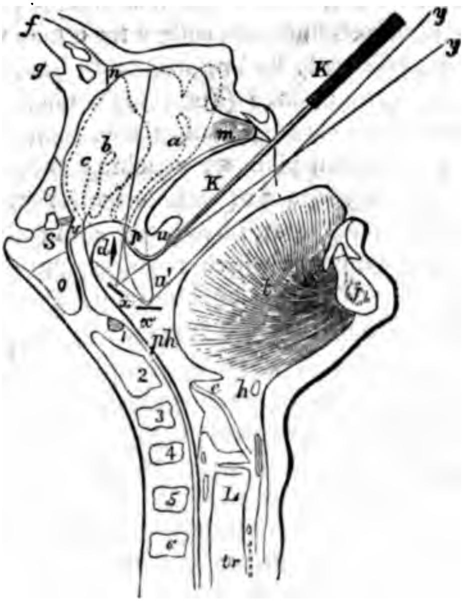

Fig. 1

A general view is afforded of all the parts directly or indirectly concerned in this inspection. A section of the cervical vertebræ, the epiglottis and larynx, the naso-pharyngeal structures and cavity, and the rhinoscopic mirror in position.

It will be observed that the uvula is held up by the hook, at the same time that two positions, at z and z, of the mirror are indicated.

To conduct this inspection satisfactorily, requires more patient cultivation of tact than for laryngoscopy, but the tact is similar, and obtained by a study of like arts, such as the laryngoscopic operator learns to render available.

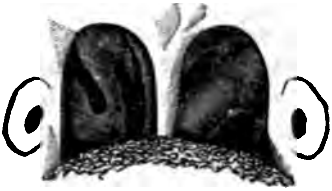

Fig.

Fig. 2. gives a view of the posterior nares as seen in the rhinoscopic mirror; there is seen the posterior orifices of the nasal fossa, the turbinated bones, and on the extreme border of either side the orifices of the eustachian tubes. This illustration is taken from the original views given by Czermak.

A few words in brief memoranda of the applications of this part of our diagnostic art will suffice for our present purpose, and indicate sufficiently its importance to the practitioner.

In the cut given above (Fig. 2.) it is observed how easily the orifices of the eustachian tubes are brought into range of inspection: the usual plan for reaching these orifices especially pursued for purpose of catheterization in aural surgery, is by means of a catheter, introduced along the floor of the nasal cavity, a maneuvre which requires quite as much dexterity as any part of the art of rhinoscopy, and it is very clear that a careful rhinoscopic observation will not only facilitate this delicate operation when necessary to be performed, but will enable the operator to introduce a catheter with less danger of violence to the structures.

General symptoms will serve to indicate for us states of ulceration, catarrhal inflammation, and other pathological changes, but the inspection hereby afforded, detects the exact character of these conditions and their exact locality; thus indicating both the kind and location of treatment demanded. The more common morbid conditions discovered by the rhinoscope, are these catarrhal inflammations, ulcerations and destruction of parts, and morbid growths.

Czermak gives two cases of deafness in which the rhinoscope revealed redness and œdema of the naso-pharyngeal surface, especially involving the tissues about the orifices of the eustachian tubes. Other operators have discovered matters actually plugging up the orifice, and thus producing deafness.

In Semeleder's* interesting little volume, quite a number of cases of mucous and polypoid growths are given, having for their attachment various points of the turbinated bones, and other portions of the posterior nasal opening. Indeed, we may have like morbid growths upon this entire surface as upon the laryngeal surface; fortunately for the most part, when detected, the naso-pharyngeal growths will be the more easily removed, either by suitable caustics or by the polypus forceps and scissors.

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*Rhinoscopy and Laryngoscopy; by Dr. F. Semeleder, Wm. Wood & Co., New York. 1866.

Semeleder, Voltolini and Czermak relate very many cases of ulceration, ozœna, morbid growths, etc., revealed by this mode of examination. The treatment will, of course, not be particularly different from that demanded for like diseased conditions in other localities, but the treatment is pursued with definiteness and precision. Many of the ulcers discovered by these operators, evidently from their history, had a syphilitic origin and yielded to the proper constitutional remedies.

For the local medication of these surfaces, and the application of remedies, much the same instruments are employed, as in operations and applications to the laryngeal surface. Hereafter we may contribute something more in detail of cases, further illustrating this field of observation.

ARTICLE III.

Removal of Ossified Tonsil.

BY JOHN D. O'CONNOR, M.D., TIFFIN, OHIO.

On the 10th of March, 1866, John J. Miller, a healthy German boy, aged 10 years, came to my office, accompanied by his father, to consult me about a sore throat, which had been a source of great uneasiness and trouble for some thirteen months, and for the relief of which they had already applied to several physicians; some treating it as ordinary sore throat, another as quinsy, and another as diphtheria.

On examining the fauces I found the right side in a healthy and normal condition both as to rational and physical, signs the entire region of the left tonsil was occupied by a hard, dense mass—the investing membrane highly congested. The mass filled up the entire space between, and impinged upon the anterior and posterior palatine pillars laterally, also upon the velum pendulum palati, superiorly, and upon the edge of the epiglottis inferiorly—so much so as to impede respiration at times and when the head was in certain positions.

A careful examination showed the mass of the tumor to be moveable, except at its superior and posterior extremity, where it was firmly attached, and upon the superior surface of the anterior extremity it had impinged so long upon the investing tissue, that it had become denuded for about a line and a half in length, by a line in breadth, leaving exposed a shining eburnated surface. From this exposed surface I was, led to diagnose calcareous ossific degeneration of the tonsil and decided upon its immediate removal.

The case being to me, and I presume to the profession an anomalous one, I had nothing but general principles to guide me. Deeming the administration of chloroform inadmissible on account of the vascularity of the tissue and its proximity to the larynx, I made a free incision from the base to the exposed point described, then grasped the apex firmly with a pair of ordinary bullet forceps, and twisted the mass around several times, not only to break up its adhesions, but also to produce complete torsions of any nutrient vessels which in that situation would be difficult of ligation, and then withdrew the mass without any difficulty, the hemorrhage being much less than anticipated.

The tumor when removed measured thirteen lines in length from base to apex, and eleven lines in diameter at its broadest point—and weighed one hundred and forty grains. Its whole shape and proportions are that of a well developed amygdal; its texture is that of the cancellated bone, with several eburnated points of a line or more in diameter on the surface, indicating various *nuclei ossei.*

Medical Societies.

The Cincinnati Academy of Medicine

THOMAS CARROLL, M.D., PRESIDENT.
M. B. GRAFF, M.D., Secretary.

OCTOBER 22d, 1866.

Dr. Bartholow presented a specimen of abscess of the right anterior lobe of the brain, and gave the following history of the case:

"Mr. P. suffered for a year with ozœna, accompanied by an offensive discharge. He had also excruciating pains in the frontal region. His friends observed some mental aberration; he lost interest in his business, became loquacious, and passed sleepless nights. Afterward he fell into a profound coma, lasting many days. His physicians observed a periodicity in his symptoms, as he had chills followed by fever and sweating. Under the use of quinine and cathartics, and inhalations of iodine, he rapidly improved. His ozœna left him, and his mental condition was as perfect as ever. A few weeks ago he fell into a comatose state, and died two days since.

"On autopsy, found the mucous lining of frontal sinuses much thickened by chronic inflammation, caries of the inner table of the frontal bone, and a communication between the sinuses and the cavity of the cranium. A firm band of adhesions, extending through the opening, connected the dura mater with the mucous membrane of the frontal sinus. The right anterior lobe of the brain was much thicker than the left. An abscess was discovered in this lobe, extending from the anterior extremity to the fissure of sylvius, having a capacity of not less than an ounce.

"It appeared, on inquiry, that Mr. P. had hit his forehead against a door three years ago. The violent cranial neuralgia and ozœna followed some months after the accident. It is remarkable that this patient should have carried an ounce of pus in his brain, and yet appear for months to be in perfect health."

mortem could be obtained. Had no doubt t was a similar one to Dr. Bartholow's first, s shorter duration.

Dr. Gerwe reported a recovery from Chole where no medicine had been taken.

N

Dr. W. H. Mussey reported an operation Evacuated two gallons of pus, but did not re account of adhesions. Was using injections, rate of potassa ℥ij to a pint of aq.-camph. carbolic acid, quinine, and tinct. ferri chlor. P well.

Also, tracheotomy for syphilitic laryngitis perfect recovery.

Tracheotomy for diphtheritic laryngitis in recovering.

And another operation, for foreign body fatal result.

Dr. Thornton mentioned the late French ing a grooved hook into the lower edge of tl lage, and cutting two or three rings. The o prompt, and less likely to be followed by infla dissection.

nave, Willan, Wilson, etc., doubtless took its origin in form of a cutaneous affection. I have three cases under treatment; all are Lupus Exedens, and all incurable. I have witnessed many cases, and they were treated by cancer-curing quacks All died a miserable death. Five cases were attacked, or the pimple or small tubercle like made its appearance on the temple. I have one under treatment for many years' standing, and I believe it incurable. I have kept it at bay with liquor plumbi diacet. Applied externally with the camel brush arsenical solution without improvement. It originated in the left temple. There is no syphilitic or scrofulous taint in the system, and never was. A gentleman, English by birth, the simon pure stamp in his face, sanguine-nervous temperament, and apparently in fine health. The disease made its appearance near the outer canthus of his left eye. It has progressed, drawing the lower lid down and exposing the conjunctiva palpebræ, indurated and spreading to the temple and side face. He is under cod-liver oil, a wineglassful three times a day. Four drops Fowler's Solution every meal. My object in relating the cases is that I am deeply interested, and wish to hear from the gentlemen of the Academy of Medicine their experience, and if there is any cure for the disease.

Messrs. Editors:—The following rath
occurred in my practice on the 20th inst.
in the morning to visit Mrs. McCoy. C
formed me she had been suffering from lat
same time assuring me her time was not
one month, and insisted I should give her
pend her pains, that she might go out he
an examination, found the os uteri well
formed. I at once informed her that the
under the circumstances was altogether i
must submit. After a rather protracted l
ered of a female child, well formed, healt
attempting the delivery of the placenta,
something more than common, which re
But after an unusually protracted effort,
delivery, at the same time delivering a sec
of decomposition. On closely examining
about four inches long, osseous structure
tures formed, fingers and toes well devel
decomposed, cranial bones projecting th
ments.

The following statement was then ma
reason why her time was not out, viz.:
February of the present year, she though

it is beyond a doubt a nine months' child, also that the dead one was four months.

Now in view of these facts the question naturally arises, when were these two children conceived? Were they both conceived at the same time and previous to the 31st of Jan., when Dr. T. decided she had a false conception. Again, may the four months child have died on the 31st of January, the live one being then in utero, and so continuing for the 37 weeks which elapsed from that time till the 30th day of Oct. If so, then the dead one must have been in utero 53 weeks, which involves a difference of 13 weeks in their conception.

Respectfully, D. S. ARMER, M.D.

Letter from Boston.

BOSTON, MASS., Nov. 7th, 1866.

Messrs. Editors:—The introductory lecture at the Harvard Medical College was delivered to-day by Prof. Brown-Sequard. The term opens under favorable auspices: if the crowded lecture room, with students and physicians, is an index of the future. As might be expected, the distinguished lecturer was received with demonstrations befitting the occasion. After some brief and expressive words for the generous reception awarded him, the Professor proceeded to speak of the best methods and ways for students to pursue in the study of their chosen profession. He urged that they should be sincere, earnest, faithful, and attentive in their efforts to cultivate all of their intellectual faculties; and more especially those of observation, as the science of medicine is still open to new discoveries; and that the intellect is as susceptible of special cultivation as the muscles of a dancer or juggler, to produce their marvellous feats of dexterity.

He dwelt at some length upon the discoveries in Physiology, and the importance of its study, as the basis upon which to found a rational mode of treatment of disease; illustrating his remarks by citing cases of the physiological action of the brain and spinal cord in health; as well as the pathological phenomena exhibited where there is diseased action or a departure from the normal condition of healthy structure. Nature must be studied, and her mysteries discovered. The importance of testing medicinal agents, and also poisons, by the students, upon their own systems, was considered; as a means of ascertaining the peculiar action of these substances upon the economy in health, and their operation in disease.

Prof. Sequard enumerated a variety of ways by which students and medical men are led into grave errors in physiological science. These errors are quoted by authors and learned societies, and are accepted as scientific truths, when facts elaborated by common sense disapprove them. He was exceedingly happy in his illustrations of the errors in medical literature; and he hoped his hearers would not commit the error of denying facts, when they could not explain them. He urged the necessity of using the lower animals for physiological experiments, and named some of the most distinguished practitioners in England, and on the Continent, as eminent in physiological science. His advice to students how to pursue their inquiries to the best possible advantage, was sound, practical, and full of encouragement. This hasty sketch does but little justice to this most interesting and valuable production.

A few isolated cases of cholera have been reported during the last three months; but I apprehend that most of them were only severe cases of cholera morbus.

It was the opinion of the attending physician, that Dr. A. A. Gould, of this city, deceased of cholera after a few hours' illness. Dr. Gould was extensively known as a scientific student and writer. He was a member of several learned societies in this country, and was much esteemed as a citizen and physician.

The Boston Dispensary exhibits the following statistics for the year ending October 1st, 1866.

At the Central Office, there have been 14,412 new patients: 10,231 were medical cases, and 4,181 surgical; more than four-fifths being women and children.

There were 8,268 new patients in the various Districts; men, 1408; women, 3,458; children, 3,402. Of these, 7,715 were discharged, cured or relieved; 297 died; and others were sent to Hospital. There were 31,297 new and old patients at the Central Office; 24,095 medical, and 7,202 surgical. Number of cases of midwifery, 121; receipts during the year, 54,-508; average daily attendance, 104. At the Chelsea Marine Hospital, Dr. Graves, the attending physician, has used quinine hypodermically in intermittent fever with very great success.

B.

MENSTRUATION IN PREGNANCY.—The following case was related illustrative of the occurrence of menstruation in pregnancy, and as a contribution to the knowledge of this subject. A. B., aged upwards of thirty. Several pregnancies previously. Last child born June 23rd, 1865; suckled one month. Catamenia Sept. 15th to 25th; in October absent; on Nov. 7th a discharge of blood, with slight watery discharge, alternating for a week. Dec. 7th, "poorly," as usual, for six days. Jan. 8th, 1866, felt quickening. March 1st, pregnancy distinctly diagnosticated. Delivery of a female child apparently about a fortnight short of full time, on May 17th. The author considered it probable in this case that there was a twin conception, one ovum perishing and giving rise to the flooding observed in November. It might be that some other cases of apparent menstruation in pregnancy have a similar source; but in regard to the majority of the cases of menstruation in pregnancy, and excluding cases of irregular hæmorrhage, he believed the source of the blood to be the decidua vera, as in ordinary menstruations, the unusual condition in such cases being the absence of adhesion of the two membranes, the decidua vera and decidua reflexa. The decidual chamber may, in other words, persist to a later period than usual, in which case there is no difficulty in accounting for the exudation of blood from within it, and its appearance externally.—*London Lancet.*

Reviews and Notices.

Physician's Hand-Book of Practice for 1867. By WILLIAM ELMER, M.D., and published by W. A. Townsend.

Many practitioners regard this as the most useful and convenient form of Visiting List in use by the profession. It combines with the daily record for patients, a plan of case book, together with much useful information which may be made available in the event of an emergency. It is presented by the publisher in a convenient and attractive form.

For sale by Robt. Clarke & Co. Price $1,75.

A Manual of Medical Jurisprudence. By ALFRED SWAINE TAYLOR, M.D., F.R.S., etc., etc. Qui nescit ignorare ignorat scire. Sixth American from the eighth and revised London edition, with notes and references to American decisions. By CLEMENT B. PENROSE, of the Philadelphia Bar. Philadelphia: Henry C. Lea. 1866.

The last edition of Taylor's Medical Jurisprudence, which received a notice in this journal, was published in 1856, now ten years ago, and the American editor was Dr. Edward Hartshorne. Almost a generation of medical men have sprung up since that date, so that with this new edition before us it becomes us almost to present it entirely anew to our readers. We may remark in the first place, however, that as compared with all previous editions of this work, the present contains very valuable additions and improvements.

Thus in the department on *poisons*, Dr. Taylor has introduced certain wood cuts illustrating the crystallization of poisons, and the apparatus used for their detection. Two chapters have been prefixed on evidence, and the duties and responsibilities of medical witnesses which render this "Manual" certainly much more valuable for the medical reader.

Chapters not given in recent editions, on noxious animal food, sexual malformation, life assurance, etc., etc., are restored to the present, so that we now have afforded a most complete work of reference on Medical Jurisprudence. The arrangement of the work then as at present presented is under the following general topics: Medical Evidence, Poisoning, Wounds and Personal Injuries, Asphyxia, Infanticide, Legitimacy of Offspring, Rape, Insanity, Life Insurance. There are *forty-seven wood cut illustrations*, as we have already stated, mostly in the department of poisoning; a few illustrating blood corpuscles, stains, etc.

It will be found that the valuable notes of the former American editor, Dr. Hartshorne, have been retained, while the present edition has had the supervision of a member of the Philadelphia bar, Mr. C. B. Penrose, who has incorporated amongst the notes, numerous references to American practice and decisions.

Dr. Taylor has long held high rank as authority in Legal Medicine, and his work will be regarded as a good medico-legal standard. We therefore cordially commend it to our readers.

For sale by R. W. Carroll & Co.

A Treatise on Vesico Vaginal Fistula. By M. Schuppert, M.D., Surgeon of the Orthopœdic Institute at New Orleans.

This interesting little monograph is a reprint from the New Orleans Medical Record. It consists of the author's experience in the operation for vesico vaginal fistula in seventeen cases, and is illustrated with several pages of lithographic plates exhibiting views of the operation, instruments, etc. The author has annexed a critical review of the history of this operation, not only in America but in Europe, concluding with the gratifying boast that to our countrymen, Sims and Bozeman, belong the honor of the great progress which it has made, and he says "We may safely assert that in the two citins of New York and New Orleans more cures of that loathsome disease have been accomplished than in the whole of Europe;" justifying the title so graciously bestowed by Venneuil to the present system of operating as the "*American* Method."

Cerebro-Spinal Meningitis. By J. S. Jewell, M.D,, Professor of Anatomy in the Chicago Medical College, etc.

This is a very complete review of the present knowledge upon this disease, being the report of the author to the Illinois State Medical Society, and reprinted for special circulation

It gives the history, the symptomatology, post-mortem appearances, etiology and pathology, with various deductions, pathological and therapeutical; with the history of the therapeutical remedies that have been used in the treatment, from bloodletting and blisters to brandy and cantharides. Dr. Jewell has certainly presented a very full *resume* of the whole literature of the subject.

Manual of Materia Medica and Therapeutics; being an abridgement of the late Dr. Pereira's Elements of Materia Medica, arranged in conformity with the British Pharmacopœa, and adapted to the use of medical practitioners, chemists and druggists, medical and pharmaceutical students, etc. By FREDERICK JOHN FARRE, M.D., Cantab. F.L.S., etc., assisted by ROBERT BENTLEY, M.R.L.S., F. L.S., etc., and by ROBERT WARRINGTON, F.R.C.S., F.C.S., etc. Edited with numerous references to the U. S. Pharmacopœa, and many other additions. By Horatio C. Wood, Jr., M.D., Professor of Botany in the University of Pennsylvania, etc., with two hundred and thirty-six wood engravings. Philadelphia: Henry C. Lea. 1866.

So lengthy a title-page to the volume before us almost precludes any space for its full criticism. The title, however, obviates the necessity of extended comment or explanation, the history of the literary character of this work, and the successive steps in its several editions being sufficiently detailed. Indeed, as would naturally be suggested, so many manipulations have been exercised upon this standard work, that the familiar friends of the old original Pereira would scarcely recognize it in its present dress and proportions.

The American editor of Pereira abridged, has done a good work in several respects. He has firstly adapted it to our Pharmacopœa, or at least, made such references as will render it convenient as a work of reference for the American student. At the same time, a number of important subjects have been introduced; for instance, veratrum viride, wild cherry, ammonio-ferric alum, etc., etc.

Pereira has always been a standard text-book with many practitioners and teachers, and as a work of reference must long continue to be so. It has a great deal of completeness and fullness in many respects, though with us it has never been a favorite, though this may be the result of accident or habit. We do not like his plan of classification, and if we can not have a system which is acceptable, we much prefer the alphabetical arrangement adopted in the excellent book of Dr. Waring.

Abridged as the present work comes to us—from two ponderous volumes to one very large one—there is still afforded a large amount of matter, and as we think, a good deal of matter which as a practical book of reference for the practitioner, might as well have been omitted.

It is well gotten up, well printed and bound, and is a handsome and substantial addition to the Medical Library.

For sale by R. W. Carroll & Co. Price, in cloth, $7.00; sheep, $8 00.

A Practical Treatise on Diseases of the Skin. By J. MOORE NELIGAN, M.D., M.R.I.A., etc., etc. Fifth American from the second revised and enlarged Dublin Edition. By T. W. BELCHER, M.A., M.D., Dublin, etc., etc. Ratione et experientia. Philadelphia: Henry C. Lea. 1866.

Another convenient little hand-book on cutaneous diseases, and if it will serve to simplify the mysteries of skin affections and render their therapeutics more clear to practitioners than heretofore, it will be cordially welcome. We think this requirement is met in a good degree. The first edition of this work was printed in 1852. Since that time its author is dead, and dermatology has undergone material changes as a science. We find that these are sufficiently noticed by the present editor, Dr. Belcher, and that he has introduced notices of several diseases not included by Dr. Neligan, as for example, rubeola, scarlatina, variola, and several others. An atlas of cutaneous diseases by the same author serves as a companion volume to the little book before us, and renders the whole study complete and satisfactory.

For sale by Robt. Clarke & Co.

Transactions of the Medical Society of the State of Pennsylvania, at its Seventeenth Annual Session, held at Wilkesbarre, June, 1866.

The machinery of the Pennsylvania State Medical Society very largely comprehends the co-operation of the local Societies; hence we find in this volume of its Transactions a very considerable space devoted to the annual reports of these auxiliaries, which embrace such topics as these: Topography of the county—its geology and meteorology, mortuary tables, prevalent diseases and epidemics of the year, together with any special miscellaneous topics pertaining to remedies, surgery, obstetrics, memoirs, etc., as may be of professional interest. We have a strong partiality for this system of conducting a State Medical organization—the great trouble is to secure the constant co-operation of the County Societies. In addition to these County reports, embraced in the volume before us, there is the usual record of business, the Annual Address of the President, and miscellaneous items.

Report on the Sanitary Relations of the State of Kansas. By C. A. Logan, M.D. Homines ad Deos nulla re propius accedunt quam salutem hominibus dando.—*Cicero.*

This pamphlet is a report by Dr. Logan to the State Geologist of Kansas; and we have read it with a great deal of interest and profit. Deprecating the inability of the author to make a full sanitary survey of the State, he has nevertheless given a general and special report upon this subject which will be of immense pecuniary as well as sanitary advantage to that young but growing State, if her authorities will wisely heed the admonitions embraced in its suggestions. Coupled with Dr. Logan's report we have also received a brief report, likewise addressed to Prof. Swallow, State Geologist, by Dr. Tiffin Sinkes, on the Climatology of Kansas. The leading medical men of Kansas, it will thus be seen are at work there as elsewhere as its true disinterested benefactors.

Elements of Medical Chemistry. By B Howard Rand, M.D., Prof. of Chemistry in Jefferson Medical College. Philadelphia: T. Ellwood Zell & Co., Publishers. 1867.

The title of this book indicates its true character. It furnishes a convenient hand-book for the student while in attendance upon a course of lectures, and while he has not the time at his disposal for consulting those books which are more elaborate in the use of the same material. The lessons in physics, including the imponderables, are furnished in the most compact form that is practicable, but sufficient to furnish a useful guide in this division of studies, which are always so necessary in order to appreciate the succeeding lessons.

The chemistry of the elements, and the lessons in organic chemistry follow these, and each other in their proper order of succession, and in a way that will furnish a convenient treatise for the use of the medical student, at a time when other studies are being crowded upon him as during a lecture season. C.

CHRONIC DIARRHŒA (NINE YEAR'S DURATION) CURED BY STRYCHNINE.—D. P., a merchant, had from three to nine passages daily; they were liquid, feculent, and of good color. He had little or no control over the sphincter, and his fæces were frequently voided into his pants; so frequently was this the case that he had to forsake society in a measure; he could not pass flatus without also voiding fæces. His health suffered greatly, though his appetite was good at times. He could never defer an evacuation a moment, day or night. Viewing the case as depending upon a loss of tone in the muscular walls of the intestines, I determined to try strychnia, and gave it as follows, until its physiological action became apparent, premising that I also gave quinia and iron to build up the system: ℞. Strychniæ gr. j, acid, acetic, gtt. x, alcohol ʒ ss, tr. cinchonæ c. q. s. ut ft. ʒ ij. S. a teaspoonful three times a day. Before ten days the evacuations were reduced to three or four a day; the patient had recovered complete control of the sphincter; as, for instance, being in bed about 10 P. M. he felt an inclination for stool, and restrained it without effort until next morning at 8 A. M. In less than eight weeks the cure was perfect, and the patient has taken no medicine for upwards of four weeks, and has only two evacuations daily, of good consistence; attends to his business, has a good appetite, and has gained considerable flesh. The remedy was pushed until its physiological effects were evident, and continued so until the case was completed. I have more voluminous notes of the case, but as they in no way alter the above history, do not trouble you with them.

P. S.—The patient is thirty years old, and attributes his disease to taking drastic cathartics for constipation.—*American Journal of Medical Sciences.*

Editor's Table.

Another Year.—Steadily and surely pass away the months of another year; how joyously we tread the early days—how sadly we review the hurried past. As journalists, we are ever hoping for greater excellence. and for the accomplishment of the unattained. Let us not, however, indulge in needless regrets. Give to the past its dead leaves, and not yield up our faith and hope for the good to be reached in the future, or enjoyed in the present. Our readers have had our best endeavors—if we have come short we are sorry. For the future we must crave the fresh indulgence of our friends, together with their continued aid and sympathy.

Say what we will, Medicine is a growing science. False facts, sadly defective observation, and mistaken theories abound in our journals, and we have a constant necessity for culling out the true kernels of wheat from the heaps of chaff; but there *is* wheat—and it pays for the winnowing. In the past annual volumes of the *Lancet and Observer*, we are vain enough to believe there has been a valuable mirror of the passing progress and improvements in our science, in the volume to come we hope to realize more than ever that we represent a working, wide-awake profession. Such is our aim, and we believe our arrangements for the future justify us in the promise that this journal will be more than ever of interest and profit to our readers. And in conclusion a business word: The circulation of this journal has been the largest this closing year it has ever reached, for which we have largely to thank the activity and good will of our subscribers. Our expenses have, however, steadily increased for several years. They are heavier this year than any previous year, and will *be* increased for 1867, hence with an increasing circulation there is not an increase of compensation. We have, therefore, to ask our friends once more to interest themselves in our behalf with the same earnestness of purpose as heretofore, and let us have a rousing addition to our list to stimulate our exertions for a new year.

Medical Colleges in Cincinnati.—In accordance with published announcement, *The Miami Medical College* commenced the exercises of its seventh regular session in the new edifice on Twelfth Street, on the first day of October, with clinical and preliminary instruction, and the regular Introductory Lecture was delivered on the evening of the 15th by Prof. Jno. A. Murphy. The audience was large, and the address appropriate to the occasion. The subject embraced an exhortation to earnestness of purpose, and industrious conduct, in the disciplinary process which became necessary for the professional life of conflict. The lecturer also gave a hearty review of quackery, and a denunciation of its practices and abominations peculiar to himself.

The Medical College of Ohio held its introductory exercises on the same evening, with an address from Prof. Comegys. We did not hear the address, but learn that it will be published, when we hope to have the pleasure of its perusal.

The number of medical students in the city, so far as we learn, does not materially differ from the number in attendance last winter; though doubtless the brief cholera panic experienced just at the opening of the term, has materially abridged the number of students coming to Medical Colleges in Cincinnati.

The Cincinnati College of Medicine and Surgery failed to make a reorganization of its Faculty, until just about the time for beginning lectures—and we have not been able to learn what class is in attendance thus far.

Medical College at Nashville.—From the Nashville Journal we learn that the Medical College of that city enters upon a new era which bids fair to equal its former days of brilliant success. The present term was inaugurated on the 1st of November by an address from Prof. Bowling, and it is claimed that about 300 students will be in attendance this winter.

University of Michigan.—Large classes are the order of the day with this School. By private letter we learn that the medical department is accommodating a class to its fullest capacity, *i. e.*, about 500 matriculants—embracing a representation from almost every part of the United States. The Regents have added $5.00 to the matriculation. making now $30.00 to students outside of the State of Michigan.

It will be seen by the proper announcement that Prof. Armor, of this School, has accepted the Chair of Materia Medica and Therapeutics in the Long Island College Hospital, which will not imply his withdrawal from Michigan University, as the Brooklyn School is a Spring and Summer College.

The Preceptorship of Medical Students.—This is becoming steadily an increasingly important topic, as are all matters pertaining to the instruction of medical students. We find the following remarks in a recent editorial of the New York Medical Record, which has so much in point that we copy it entire.

> The office of medical preceptor is perhaps the only one which the majority of medical men will conscientiously accept without any intention, either implied or declared, of performing its duties. The entering of a student's name in their offices is viewed as one of the matters of form, and they consent to it more for the reason of helping him to conform with the requirements of the law than for any instruction they intend to give him. When we contemplate that there are hundreds, nay thousands, of such preceptors upon our College catalogues, we may indeed be seriously concerned for our students. There used to be a time when almost everything depended upon the industry of these gentlemen; when their pupils came direct from their private offices, and were able to pass their final examinations for a degree before a licensing body. These examinations, too, were by no means discreditable either to the examiners or examinants, as they were conducted not only with acknowledged ability, but their decisions as to the fitness of their candidates were rendered without fear or favor. But since then the system of private office instruction has degenerated into nothingness; and a student is now considered fortunate who has selected a preceptor who is willing and able to teach him at all. There are numbers of our younger medical men who are willing to prove this assertion by testifying that they have not been examined more than a dozen times during their whole pupilage; while there are many more who would not have known that they had a preceptor, except that his name was recorded on the matriculation book.
>
> We would fain make ourselves believe that this laxity on the part of our medical tutors is to be explained by the late rapid multiplication of our medical colleges, which enables them to clear themselves of further responsibility by leaving all educational matters in the hands of the managers of these institutions. But we can not allow them the privilege of making such an excuse for their shortcomings, when they must be well convinced that our college system is so far from being what it should be. It is too plainly to be inferred that there is a dangerous disposition among them to shirk a very obvious duty.
>
> This duty is one of the most important ones which a medical man is called upon to perform. To the medical preceptor belongs the responsibility of training the mind of the student, and of fitting him for the intelligent practice of his profession. He is, in fact, as accountable for the future professional character of his pupil as are the professors themselves. The work of both, although in different spheres, must go hand in hand; the lecturers draw the outlines, but to the preceptor is left the delicate task of skillfully completing the picture.
>
> This much, and indeed more, is implied by the law. It is under-

stood that no time of the three years is to be lost to the student, but that he should not only have the advantages which attend his full courses of lectures, but of three years of careful training in the office of some practitioner of acknowledged ability. The time for study is sufficiently short, and the opportunities which the student has are few enough, without denying the immense advantage which he may obtain from the judicious instruction of a willing and capable preceptor. He has a right to claim the dutiful performance of such services; and to too many of our tutors attaches the great culpability of denying them to him.

We are assured that there are many preceptors who are willing to do all they can for their students, and who conscientiously strive to instruct them; but, unfortunately, they are not possessed of the requisite ability. Their intentions are, to be sure, good enough; but the student can not be said to be specially benefitted by the imperfect manner in which such intentions are carried out.

When we narrow ourselves down to the selection of proper preceptors, we shall find that the number is too insignificant to avail anything. The fact is, that the wants of the student in respect to private medical instruction are so numerous and pressing; the number of subjects that he desires to be informed upon, which are not even glanced at by his professors, is so considerable; that the preceptor of to-day has to be a much different personage from the one of fifty years ago. An ordinary practitioner can hardly be expected to supply such wants, as a sufficient knowledge of all the subjects which should engage the attention of an ardent and industrious student would require too much of that time which should rightfully belong to his patients.

The best preceptors are those who devote themselves specially to the work of giving office instruction; but then, as before intimated, they are too scarce. This is partly due to the fact that the profession withholds the necessary encouragement to gentlemen who would gladly embark in the work. It is useless for the general practitioner to attempt longer to hold undisputed sway over his student, when he proves to himself almost daily that he is not capable of doing him justice. He is not to be blamed for not having the time or the opportunity for teaching his pupil properly; but he deserves our condemnation if he withholds him from the superior advantages to which he is entitled, by refusing to endorse the enterprise of worthy and competent men.

We believe that by judicious encouragement of reliable tutors we have the only hope of easily remedying a great evil. By so doing we will yet have the preceptor entirely dispensed with, and his place taken by the qualified and dutiful examiner. There is some promise of this in the favor which the private medical classes are already beginning to receive. The faculties of our colleges are appreciating the worth of such preparatory schools, and are doing everything to countenance their continuance and favor their multiplication. This must have its effect; but it will necessarily be slow work, unless the profession generally follow the example of the professors. In doing this they will, we are convinced, render good service alike to themselves and their students. These so-called "quiz" classes are now managed with much ability; but their advantages will be proportionately increased by the competition which we hope will in turn be developed.

Eastern Schools.—In spite of the increase of the Fees in the Medical Colleges of Philadelphia, New York and Boston, we learn that their classes are not materially diminished.

The New York Medical Journal Association celebrated the opening of its rooms in the "Mott Memorial Building," 58 Madison Avenue, on Monday evening, November 5th. The opening address was delivered by Prof. A. C. Post, who commented in a happy manner upon the advantages growing out of a more intimate professional intercourse and a greater familiarity with the current medical literature.—Prof. F. H. Hamilton, also, during the course of the evening, exhibited his serrated bone forceps, a modification of Liston's instrument.—Dr. Worster, likewise, made a few remarks.

We have the announcement that the Association, during the winter, will hold regular Friday evening reunions, at which digests of all new and important items appearing in the medical periodicals will be presented for informal discussion.—*The Medical Record.*

——A comical story is related in the *Dundee Advertiser*, respecting the inmates of the lunatic asylum at Murthly. The male inmates employed in the garden, having read in a newspaper an account of the Clyde strikes, decisively struck work. The efforts of the superintendents were of no avail. At length Dr. McIntosh, Medical Superintendent, on hearing how matters stood, went to the men and suggested that they should send a deputation to address him on the subject. Immediately about half a dozen marched up to the doctor, stated their grievances at much length, and demanded more pay and shorter hours. The doctor said it was perfectly true they had a great grievance of which to complain: provisions were high in price, and the hours of labor were by far too long in this warm weather. He then put his hand in his pocket and tendered the deputation half a crown. This gave complete satisfaction. The deputation returned, informed their associates of their success, and the whole resumed work immediately. Some hours later the doctor in passing the men, was accosted by the one to whom he had given the half-a-crown.

He took the doctor aside, told him in confidence that the men were quarreling amongst themselves about the money, and said, "Take it back and keep it for us yourself."

Death of a Descendant of Chaussier.—Many of our readers will remember this name as that of a celebrated anatomist and physiologist, who, for more than forty years, was an ornament of the Faculty of Paris, and who died in 1828. He had two sons; one of whom, after having written a couple of medical works and *some plays*, did not long survive his father. The second son, Frank Chaussier, has just died of cholera, at the age of sixty-two. Twenty-four hours after the seizure, the cyanosis and rigidity were so great, that all means having failed to restore heat, his wife resolutely passed the night in the same bed to try what the warmth of her own body would do. We hope that the noble woman will not pay for her devotedness with her life. The deceased, to whom his illustrious father had left ample means, was, in a scientific point of view, considerably inferior to his sire. The latter, who had written the whole of his son's thesis, was heard to exclaim, in an unguarded moment: "Men of worth seldom have children who emulate them." With his independent fortune, M. Chaussier, who has just died, engaged but little in practice, gradually sold the splendid library collected by his father, and, what is worse, he allowed to be broken up and sold as old metal the copper plates which had been engraved with care for his father's work on the encephalon and perforations of the stomach. He has left a small annuity to his widow, nothing to a niece who had spent more than thirty years in his family, and the bulk of his property (£34,000) to the hospitals of Paris. M. Caffe, from whose obituary notice of the deceased we have extracted the above particulars, expresses a wish that the governors of the Paris hospitals will not—the establishments already possessing enormous property—allow the relatives to suffer from the testator's heartlessness.

A Doctor's "Line": Illustrating a New Mode of Getting a Prescription from the Apothecary's.—In a not very populous district in the neighborhood of the Scottish town of Dumfries, there resides a carter, named Brown, with his wife and mother. One day lately the old lady took altrmingly ill; the son hurried to the town and returned with a physician. The patient was examined, and a piece of paper called for, on which to note the remedies to be administered.

Not a suitable piece of paper was, however, to be found in this isolated domicile, and singular enough, the doctor had not a scrap in his possession. "Have you a piece of chalk, then?" somewhat gruffly inquired the M. D. He was answered in the affirmative, provided with the article, wrote the prescription out on the door, and, taking leave, told his employer to get the parish schoolmaster to transcribe it. Brown, however, was not disposed to put himself under obligation to even such a genial personage as the village dominie, and, though he may not have heard of Mr. Smiles' "Self-Help," he determined on a course that showed he was at least familiar with the adage, "He is best served who serves himself." The fastenings of the hinges were immediately removed, the door taken down, laid on a barrow, and wheeled into town with all possible haste. Arrived at Dumfries, he strode into an apothecary's shop with the door on his shoulder, and the astonishment of the knight of the pestle and mortar, when it was placed on the counter with the words, "There's a line from Dr. ——," may be better imagined than described. Apothecaries, however, are not quite so particular as bankers as to what they honor, and our friend received his medicine without being subjected to many queries.—*Chicago Med. Journ.*

Death of Prof. Daniel Brainard.—In our last number we briefly noticed the death by cholera of the distinguished name at the head of this paragraph. Considerable space is occupied in the November number of the Chicago Medical Journal to a suitable record of the late Dr. Brainard, from which we quote the following of general interest:

"The few days that intervened between his arrival from Europe and death was spent mostly at his office and in the visitation of friends. On Tuesday afternoon, Oct. 9th, he lectured to the class at the College, devoting a part of the hour to a subject not connected with his branch—the epidemic of cholera then prevailing at Chicago. He spent the evening at his office, conversing with a number of friends. He retired at 11 o'clock with every appearance of perfect health. During the latter part of the night he had an attack of diarrhea, which he checked by an enema of vinegar of opium. He arose the following morning and partially completed his toilette, read the morning paper, and commented on the election news—the only indication of illness being a slight moisture of the skin, which he attributed to the opium taken during the night. He took a bowl of chicken broth for breakfast, and remained comfortable until about 9 o'clock, when he was seized with a most violent paroxysm of vomiting, followed soon after by a return of diarrhea, both of which continued at short intervals for about two hours, when they entirely ceased. During that time he sank rapidly, and by 2 o'clock was in profound collapse. He ceased to breathe at a quarter past 9 in the evening of October 10, 1866.

From the *Genealogy of the Brainard Family,* we quote the following sketch.

"Dr. Brainard was born May 15th, 1812, at Whitesborough, Oneida County, N. Y. He received the advantages of the Academy or High School of that town; and commenced the study of his profession there in in 1829, but soon went to Rome, where he pursued them further, enjoying at the same time the benefit of lectures. He attended two courses, one at the Medical College in Fairfield, and the other at Jefferson Medical College, Philadelphia, where he was graduated in the spring of 1834. He then returned to Whitesborough, where he remained two years with his former preceptor, nominally in practice, but mostly engaged in the study of the Latin and French languages and professional teaching. In the spring of 1836, he gave his first course of lectures, which was on Anatomy and Physiology, in the Oneida Institute. In August, 1836, he removed to Chicago, where he remained until October, 1839, when he took a voyage across the Atlantic and visited Paris for the purpose of improving himself further for his profession, where he remained until April, 1841, when he returned and resumed his practice. Soon after this he was appointed Professor of Anatomy in the University of St. Louis, where he gave a course of lectures in 1842.

"He was a Corresponding Member of the Society of Surgery in Paris, and of the Medical Society of the Canton of Geneva. His essay on the treatment of ununited fractures and deformities received the prize of the American Medical Association at its meeting in St. Louis, May, 1854. During nearly the whole of the administrations of Presidents Pierce and Buchanan he held the position of Surgeon to the Marine Hospital, and was, for a long time, Surgeon of the Mercy Hospital, etc., in this city.

"Feb. 5, 1845, he was married to Evelyn Sleight, and has had four children: Julia, Edwin, Daniel and Robert P. Brainard, the last two of which are dead."

We have also had forwarded to us for publication the following proceedings of the Wabash Valley Medical Society:

KANSAS, ILLS., Nov. 1st, 1866.

The following preamble and resolution were unanimously adopted by the Esculapian Society of the Wabash Valley:

Whereas, The all-wise dispenser of events has removed from his labors Prof. Daniel Brainard, thereby depriving our noble profession of one among its brightest ornaments, therefore,

Resolved, That in his death we recognize the hand of God and bow in humble submission to his will, but at the same time we can not but feel that a great light has gone out, because we esteem him as among the greatest intellects in our profession in America. His unsurpassed originality of thought enabled him to grasp the most intricate subjects, and his clear and convincing manner of explaining his views to his class made him among the most useful ot men.

Resolved, That in consideration of the distinguished worth and ability of Prof. Brainard, the great teacher, we his co-laborers desirous of manifesting our appreciation of his life and services, assist in the erection of a monument to his memory.

On motion, the above resolutions were referred to a Committee on Publication with the direction that they request their publication in the *Medical and Surgical Reporter* and *Cincinnati Lancet and Observer.*

S. J. YOUNG, Secretary.

Dr. Bennett Dowler, of New Orleans, himself an earnest and successful worker, makes the following expression in appreciation of the death of a great co-laborer.

In labors great, in knowledge deep,
His work well done—let Brainard sleep;
Erect his tomb hard by the lake,
Where waves on waves resounding break,
And chant upon the shelly shore
His *requiem* forever more.

George Fries, M.D.—Died, at his residence in this city, on the afternoon of November 13th, after a protracted illness from organic disease of the heart. Dr. Fries was one of our best known, and most widely esteemed practitioners; equally prominent as a bold surgeon and general practitioner. He had occupied prominent positions in political life, and was an active and earnest politician. The following is the action taken by the Academy of Medicine of this city:

At a special meeting of the profession at the Academy of Medicine yesterday, the following resolutions were unanimously adopted:

"*Whereas,* Members of the Cincinnati Academy of Medicine have learned with the deepest and sincerest regret, of the death of our brother and fellow-member, Dr. George Fries, on the 13th inst., after a protracted illness, from organic disease of the heart, we express here our heartfelt feeling of sorrow on this occasion. Dr. Fries was a good man, a useful citizen, and, in one word, a man whose whole life has been distinguished by noble purposes and useful and constant labor in behalf of his country and humanity. His genial manners, generous heart, and great individuality of character will long be remembered by us, his fellows. His death leaves a void in the profession.

"*Resolved*, That in the death of Dr. Fries, this Academy has lost one of its best and most useful members.

"*Resolved*, That in the death of Dr. Fries the profession and the public lose a good surgeon and physician, whose knowledge, firmness of purpose and promptness in action are rarely combined.

"*Resolved*, That we hereby extend to the family our deep sympathy and condolence in their great affliction, and as a mark of our great respect for our late brother, we will attend his funeral in a body.

"*Resolved*, That a copy of these resolutions be transmitted to the family, and be published in the daily papers and medical journals of the city.

Dr. J. L. VATTIER, Chairman.
"DR. W. T. TALLIAFERRO,
"DR. S. BONNER,
"DR. C. S. MUSCROFT,
"DR. J. A. MURPHY,
Com.

Errata.—In the article of Dr. Black on page 651 read *Bals. Fir.* ʒ*ss*, instead of ʒijss: on page 652 Fl. Ext. *Revmex* should be *Rumex*.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

MODIFIED LINEAR EXTRACTION.

In the last two numbers of this journal I gave a sinopsis of von Graefe's monograph on his new method of exracting cataract, closing with the situation of the incision.

By making the cut in the anterior part of the sclerotic, close in front of the periphery of the iris, with a broad spear-knife, the extent of the wound may be sufficient to allow the exit of even a large hard cataract. The height of the flap is then very limited, but the direction of the wound is still not the most favorable for the ready and easy passage of the lens. By adopting a long, narrow knife, (scarcely one line in width) the length of the incision could be better controlled and its direction with respect to the surface of the sclerotic, made to correspond almost exactly to the plane of a great circle. The point of the knife, directed toward the centre of the pupil or even a little more backwards, is passed through the anterior part of the sclerotic about half a line back of the corneal margin. In this way it enters the extreme periphery of the anterior chamber close in front of the iris. The point thus becomes visible in the aqueous chamber and is pushed on in the same direction, close in front of the opposite margin of the pupil to the distance of about 3 lines, when the handle is depressed so as to raise the point and push it behind the sclerotic border so as to make the counter-puncture at a point corresponding to that of the puncture. The delicate part of this maneuvre is to go close in front ot the iris and still not pierce it with the knife. Should the point engage in the iris or pass behind it, when the counter puncture is about to be made, it must be carefully retracted till disengaged and then advanced a little more forwards. When tqe counter puncture is completed and the point pierces the conjunctiva, or at least appears under it, the edge of the knife is turned suddenly forwards and its back thus inclined backwards towards the centre of the corneal space. The incision is then completed in this direction by pushing the knife rapidly forwards and making one or two sawing movements. When the section of the sclerotic is finished, one feels it by a sudden sensation of diminished resistance, and the edge of the instrument presents itself with the conjunctiva tightly stretched over it. It must then be turned still more forward and the conjunctiva divided by the same movement. In that way an unnecessarily large conjunctival flap is avoided. The length of the cut in the sclerotic, should be from four to five lines according to the size and consistence of the cataract. A large hard lens requires a longer incision than one where there is considerable soft cortical. If a clot of blood forms in the wound it must be removed with the forceps.

The iris always prolapsus, and is to be seized with a delicate forceps drawn out and snipped off with the scissors taking care to cut it close so as to leave *no iris in either angle of the incision.* Should the conjunctival flap be large and in the way, it can be turned back upon the cornea before seizing the iris. In general this will be necessary. The division of the capsule is the next step in the operation. As the iridectomy and extraction are made upwards, the cystotome is passed down to the inferior edge of the pupil and two incisions made from that point along the two edges of the iris in succession, *quite to the periphery of the lens.* The next step is the extraction of the cataract, which as I said in a former number of this journal, is now effected without the introduction of any instrument into the eye. The sliding movement with the scoop, patiently persevered in, almost always succeeds in *coaxing* out the lens, if the previous steps of the operation have been properly executed. The convex face of the scoop is applied to the sclerotic just behind the centre of the incision and gentle pressure made for a moment, then by sliding the scoop backwards and forwards along the corresponding lip of the wound, first the cortical and then the nucleus are induced to engage in the opening. When the nucleus is so far engaged as to be ready to escape, the pressure must be diminished or cease, and the lens helped out with the scoop. Till the moment of the exit of the cataract the eye is constantly fixed by a broad toothed spring forceps applied just below the inferior edge of the cornea so as to draw the eye downwards and hold it during all the steps of the operation. It must now be removed, as well as the wire stop-speculum, cautiously but quickly. The eye is then closed for a few minutes, after which it is carefully opened and examined to see if there are any fragments of cortical substance still remaining, as is generally the case. The pupil is to be completely cleared of those, if possible, by gentle friction of the lower lid upon the cornea from below upwards with the finger, the upper lid at the same time, being elevated and raised from the ball. This rubbing of the lower lid should be continued till the pupil is perfectly free and black and the patient sees to count fingers. Should any fragments remain in the pupil and sclerotic wound in spite of this maneuvre several times repeated at short intervals, the eye being closed in the meantime, the small scoop may be very carefully used to bring them away. But Dr. Graefe insists on avoiding the introduction of any instrument of this kind into the eye if possible. The promptness of the healing, and the perfection of the final result, will depend very much on the *complete removal of all the lens substance from the eye.* If it were possible through such an incision, to get away the *entire lens enclosed in its capsule* without loss of vitreous humor, the result would be next to certain. This has been lately practiced by Pagenstecher of Wiesbaden and Wecker, of Paris, in a number of cases.

To finish the operation, the wound and the eye must be thoroughly cleared of any clot of blood, or particles of lens or iris, and the conjunctival flap spread out over the sclerotic wound, by stroking it gently upwards with the scoop. Perfect coaptation of the lips of the wound must be secured before the eye is definitively closed. As to the after treatment, it is more simple and less annoying to the patient than that required after flap extraction. The eye should be covered with some cotton or charpie, and closed by a compressive bandage not very tightly applied, and the patient kept quietly in bed for one or two days. At the end of six or seven hours after the operation the eye ought to be opened and inspected to see if all is right and to apply atropine. Then afterwards it should be opened twice a day and a solution of atropine used to dilate the pupil. On the first examination, six hours after the operation, the wound is usually found agglutinated and the anterior chamber filled out. After the first day the patient can safely sit up in bed or even on a chair. If at the first inspection or afterwards, any complication is detected, it is important to ascertain whether this has originated in the wound, the cornea, the iris or the intracapsular cells, and to adopt a suitable treatment. It is in general, rare to see any deviation from the favorable and rapid progress toward a cure, so that often in ten days or two weeks, the patient may be safely discharged. The situation and direction of the track of the incision are not only the most favorable of all possible wounds for the easy and complete escape of the cataract, but the conditions for healing by first intention, are combined in the highest degree. The spontaneous coaptation of the wound is usually perfect, and its situation in the vascular sclerotic, covered by conjunctiva, causes it to heal promptly in all persons, without regard almost to local causes, constitutional conditions, or the surroundings of the patient. In the past two weeks myself and partner have operated on two old persons—one 68 and the other 72 years old—the latter a woman with feeble vital powers and wide arcus senilis. As soon as the incision was completed the cornea collapsed and fell into wrinkles, and yet, in both of her eyes, the wound was healed in six hours, and the eye full, so that she could see to count fingers. The last eye operated on yesterday at 2 P. M. was opened at 8 the same evening and found united, so that she could see with considerable clearness. The other patient aged 68, was a stout, healthy man. He took ether and chloroform unpleasantly, but finally became quiet so that I made a nice incision. He seemed so sound asleep I thought I would go right on and complete the iridectomy before stopping to renew the anæsthetic, The moment I touched the iris, however, he sprang up, seized me with his arms and strained himself most violently. This was all done in an instant, and we had no time to remove the wire speculum or support the eye in any manner. The consequence was there escaped a gush of vitreous humor, apparently one-third of the whole, and the eye was frightfully collapsed and filled in part with blood. We at once reapplied the chloroform till he was thoroughly quiet, when I made the iridectomy as well as I could. The cataract had not escaped but disappeared below the pupil. I passed in the scoop and luckily seized and brought it out at the first trial. The eye was then cleared of all the clots of blood and the wound *coapted* as well as the extremely collapsed state of the globe would permit. When opened seven hours afterwards the wound was healed, the eye full and firm, and the patient could see the blaze of the candle and distinguish the fingers imperfectly. Since then he has had considerable iritis and hæmorrhage into the anterior chamber, so that he can only now discern the shadows of objects. What the final result will be, is uncertain. To me the rapid union of the wound, the filling up of the eye and the preservation of even perception of light, seems almost marvellous. In the seven hours likewise, between the operation and the opening of the eye, he sprang out of bed twice to keep from smothering, as he expressed himself, and was walked into an adjoining room to another bed, during which the bandage came off! If anything could be more unfavorable for healing than all that, I greatly prefer never to see it tested! In the old lady the lenses came out without the introduction of any instrument into the eyes, and without the escape of vitreous or any other accident. During the night after the operation on the first eye, she had an attack of sharp pain in the eye which lasted for some minutes, and in the morning it was discovered that there had been a slight hæmorrhage into the anterior chamber. Two days afterwards, a second escape of blood took place with the same symptoms. Of course, it took this a good many days to absorb, in so old a patient. Some iritis with pains in the eye and head followed, so that the vision was temporarily obscured, but it has now cleared off till she sees all the objects in the room and could walk about with it before the second eye was operated on yesterday. Another very troublesome complication that irritated the eye and protracted the cure, was spasmodic entropium of the lower lid, which we were obliged finally to overcome by the little clamp ot Sichel which strangulated a fold of skin and thus kept the lid from rolling in. In the second eye, she has as yet, had none of these unpropitious complications.

Dr. Graefe seldom gives chloroform or ether in this operation, while others give it always. I greatly prefer to give it in every case, but very great care must be taken to have the patient completely narcotized and to stop long enough between the different steps of the operation, to renew it so as to obviate any sudden recovery of sensibility and accidents similar to the one above described. I thought I was careful enough in watching that point before, but in the future, I shall insist on it still more. In the two cases above mentioned ether was administered at first, and the narcotism, at the end, rendered more thorough by the addition of chloroform. There is no kind of doubt in my mind that the proper use of anæsthetics greatly facilitates the operation and diminishes the risk of rupture of the hyaloid membrane and consequent escape of vitreous. For many years I have been in the habit of giving it in most cases of flap extraction and shall continue its use in the modified linear extraction, till I see some better reason for not using than has yet occurred to me.

[To be continued.]

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *What is the Myograph?*—The myograph is a novel instrument, which has been devised by M. Marey the celebrated inventor of the sphygmograph, for determining the vibrations of the muscular fibres. It is employed only in connection with the muscles of animal life, and it records graphically the vibrations of these just as the sphygmograph records pulsations. The vibrations of the fibres of muscles have already been determined by Haughton, Helmboltz, and others; but M. Marey has gone further, and, by introducing the method of autographic registration, has shown the exact nature of the influence of fatigue and disease (muscular and nervous) over these vibrations. The myograph consists of a sort of forceps, which embrace the limb experimented on, and one of whose arms rests upon the muscle whose vibrations are to be determined. This is the only movable limb of the forceps, and it is, therefore, thrown into vibrations during the contraction of the muscle. The forceps are connected with the wire of a galvanic battery, and by this means the muscle is at pleasure thrown into action. The remainder of the myograph is upon the plan of the sphygmograph, and comprises a system of levers and drums, on which the register of the vibrations is traced.—*London Lancet.*

2. *Use and Abuse of Poultices.*—The *British Medical Journal* quotes some excellent remarks of Dr. Richardson, from his lectures delivered at the College of Physicians, on the use and abuse ot poultices.

The application of moist heat in the form of poultices to suppurating parts, requires, he thinks, remodelling, in order that it may be placed on a true scientific basis. The common recommendation, "you must put on a poultice," is too often an easy way of doing something about which we were not quite sure, and concerning which it were too much trouble to think long. Mischief is very often done by a poultice, which might well be avoided.

When a part is disposed to suppurate, the first step in the series of changes is an increased flow of blood through the capillary surface, followed by obstruction, and thereupon by an excess of sensible heat derived from the friction that is set up. Then follows transudation of liquor sanguinis into the connective tissue, and its transformation, under the influence of heat, into what is called purulent fluid. When to the part in this state we apply moist heat, we quicken suppuration, mainly by upholding the temperature; at the same time we secure the transferrence of water from the moist surface into the inflamed part, by which tension of tissues is produced, and in the end yielding of tissue at the weakest point.

When the suppurating surface is circumscribed, the rapid induction of the process may be attended with little injury; but when the surface is large, and when the exuded fluid is thrown into loose structures where it can burrow readily, the practice can not be good to the extent of the mischief. Hence in the treatment of carbuncle and plegmonous erysipelas, it can not be sound practice in the early stage to apply moist heat. Experience as well as principle warrants this conclusion. In cases of carbuncle especially, Dr. Richardson has of late avoided the application of moist heat in the early stages with good results.

But when in the course of local disease, suppuration is actively established and is naturally circumscribed; when the increased temperature of the part has fallen to or below the natural temperature—then the value of moist heat comes on with full force. Then the tension which is exerted determines the escape of fluid at the weakest point of the surrounding tissue, and when the fluid escapes, or is liberated by the knife, the escape for a long period is aided by the application of moist heat.

The continued application of moist heat for a long time after the escape of purulent fluid is again indifferent practice. It sustains discharge, it sets up unhealthy decomposition of fluids; it produces a thickened, soddened condition of skin, most favorable to the production of sinus; and it retards recovery. When a surface is freely open and suppurating, dry and not moist heat is the remedy. We are in want in these cases of a simple invention; we require something which we can apply as readily as a poultice, which shall keep up the temperature of the part, and at the same time take up moisture, and gently desicate, without injuring the tissues.—*Canada Medical Journal.*

3. *Common Salt for Wounds.*—A French writer speaks in terms of the highest commendation of Chloride of Sodium in the treatment of wounds and ulcers. The first effect on a fetid wound, he says, is to destroy the odor immediately. Another immediate phenomenon observed is the pinkish hue which it gives the decomposed sanguineous bllackish liquid which covers the wound. At the same time there is felt a sensation of cold and pricking which may even become slightly painful. The suppuration diminishes rapidly, and if the matter be sanious it becomes healthy in a few days. The wound granulates and cicatrizes rapidly, and the change in it has a happy effect on the system, the appetite improving and the strength returning. Four hundred cases of wounds thus treated are reported. There was neither erysipelas, nor tetanus, nor hospital gangrene in any one, though the hygienic condition of the hospital was bad. In only one case was there pyemia. The solution first applied was in the proportion of ʒi to a pint of water. After using this a few days, a concentrated solution was employed. In fistulous cases the solution was injected into the sinuses.—*Pacific Med. and Surg. Journ.*

4. *Relative Sensibility of Skin, etc.*—"At a recent meeting of the Vienna Academy of Medicine, Prof. Hebra remarked that the pain of cauterization by nitrate of silver in lupus was materially dimin-

ished by Richardson's method of local anæsthesia, but that of the galvano-caustic was exaggerated by it. With regard to the scale of sensibility of different portions of the skin, he stated that the angle of the lower jaw and the regio-suprahyoidea were the most sensitive to such cauterization. Prof. Patruban referred to the remarkable discovery, hitherto unexplained, that the nervus auriculo-temporalis of the third branch of the fifth pair retained its sensibility longer than any other in the deepest chloroform-narcosis."—*Boston Med. and Surg. Journ.*

5. *Foreign Substances Simultaneously in the Trachea and Œsophagus.*—Dr. Miner communicates to the *Buffalo Journal* a remarkable case of a child, three years of age, who had swallowed one of the new two-cent coin. There was some difficulty and pain in swallowing, and some obstruction in respiration, which in the course of three weeks increased, and the paroxysms of dyspnœa became so frequent and distressing, that tracheotomy was resorted to. But, although a full opening was made into the trachea allowing free access and exit of air, when these paroxysms commenced, it was apparent that no air could be inhaled. An exploring probe was passed rapidly, hoping to remove the obstruction, but nothing could be detected. The child died.

On post-mortem examination a two-penny coin was found imbedded in the œsophagus, opposite the upper border of the sternum, the edges upon each side having caused ulceration completely through the tube, the walls of which were thickened, a complete opening was prevented by adhesive inflammation. The thickening of the tube caused considerable pressure upon the trachea, and would of itself have proved sufficient cause of death. But added to this, an uncooked bean was found, which had swollen somewhat and softened: this had evidently rested near the bifurcation of the trachea, perhaps partly upon one or in one of its divisions, and had thus allowed of respiration. When air was freely admitted the coughing dislodged it, and the trachea was closed—closed by a substance unlike bone or metal, to be detected by a probe, but soft and yielding, and of such a shape as to close the passage as perfectly as possible. It was remembered by the mother, that the child a few days before had amused itself with some beans, and while thus playing, had suffered a violent turn of coughing and strangulation, since which she had appeared much more distressed.

6. *Thrashed into it—Good out of Evil.*—We see it stated that since the brief campaign in which Prussia has been so triumphant, Austria has joined the association for the relief of suffering on the battlefield. It will be remembered that before the war she was the only Christian nation of Europe which held back from joining this truly humane organization.—*Nashville Journ. of Med. and Surg.*

Business Notices and Acknowledgments.

New Books.

Waring—Practical Therapeutics. Lindsay & Blakiston, Phila.

Penrose—Taylor's Medical Jurisprudence. Henry C. Lea, Phila.

Neligan—Diseases of the Skin. Henry C. Lea, Philadelphia.

Barth & Roger—Auscultation and Percussion. Lindsay & Blakiston, Philadelphia.

Clymer—Aitken's Science and Practice of Medicine. Vol. I. Lindsay & Blakiston, Philadelphia.

Laurence & Moon—Ophthalmic Surgery. Henry C. Lea, Phila.

Jewell—Cerebro-Spinal Meningitis. Transactions Illinois State Medical Society.

Bowman—Practical Chemistry. Henry C. Lea.

Ainstie—Epidemics. J. B. Lippincott & Co.

Long Island College Hospital.—See advertisement.

Arrearages—Several months ago, we sent out bills to those in arrears for subscription—many have promptly responded. We respectfully request our friends to remit their unpaid dues at once.

Literary Exchanges.—We have recently called the attention of our readers to our valuable list of literary exchanges. We refresh their memory just now, because this is the time to renew subscriptions and make new additions for the coming year.

The Atlantic Monthly—Price $4.00 a year. Dr. Holmes contributes a serial story for 1867, and Parton, Lowell, Longfellow, Agassiz, Mrs. Stowe, and a brilliant list, are regular contributors.

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